FBI Agents Association G-Man Shootout

P. O. Box 7819 • Northridge, California 91327

2021 PLAYER REGISTRATION FORM

(Scramble Format)

You are asked to provide all requested information, especially a contact phone number and e-mail address so that we may e-mail your confirmation.

Name:				
Best Contact Phone #: ()				
E-Mail Address:				
If you are registering with your own group, plensure that your group is kept together.	lease provide the names of all	other golfer(s) in your group to		
2	3			
(E-mail address)		(E-mail address)		
4	back-to-back, please include that in the player information response.			
(E-mail address)	_ we will be happy to accomi	nodate you.		
ENTRY FEE:				
Registration Fee	# of player(s)	Total amt		
[\$160 - 1 golfer / \$320 - 2 golfers / \$480 - 3 golfers / \$640 - 4 golfers]				
Donation In addition to playing golf and having a g contribute to the FBI Agents Association children of FBI Agents killed in the line of	National Trust Fund, which			
Your support is dire to this cause inasmufunds to educate these kids. Your contribution (3). Thank you!		•		
\$10 \$25 \$50 \$	\$100 \$250	\$500 \$1,000		
Other amount		Amount		

contests (men & women / c Prize . Individuals that do r for any prizes in the Buy-Ir	cash prizes will be av not sign up either thro n contest to include t	warded) and a hole-in- u the pre-pay or at the he Grand Prize drawir	in the longest drive & closest-to-the-pin one prize. There will be a Buy-In Grand tournament registration are not eligible ng. Pre-paid raffle tickets will be in your e tickets at registration only .		
Raffle Tickets ONLY - \$ (25 tickets per set)	25.00	# of sets	Amount		
Addtl Buffet Lunch Tic	<u>kets</u> - \$30.00 each	# of tickets	Amount		
TOTAL AMOUNT					
	Malaaaaaa	sh a als massahla (as	EDIAA		
Make your check payable to: FBIAA					
MAIL INFORMATION:		FBIAA ~ 0 P. O. Box 7819 Northridge, CA 913	or ~ Fax to: <u>(818) 772-7478</u> 27		
CANCELLATIONS: Please remember that space is limited. If you find that you cannot attend after we have received your registration, we strongly encourage you to find a replacement for yourself and to handle the fee exchange on your own. Unfortunately, the committee cannot be responsible for finding replacements. Partial refunds for cancellations will be determined on an individual basis, based on costs committed and those that would impact the amount of the charitable contribution to the scholarship fund. Refunds will be made only in the name of the payee and mailed to the address given for the payee.					
Any questions please call (818) 266-9181.					
Credit Card Information					
	MasterCard_	VISA_			
Card No					
Custor	mer I.D. #	(3 digit # or	n the back of the card)		
Amount	Charge Ca	ard 7ir	o code		
to be	Expiration	ad	dress for		
charged:	Date:	the	e credit card:		
Name as it appears on the credit card:					

Signature:

Amount_____

<u>Buy-In & Raffle</u> - \$35.00 # of player(s)____