



Membership Form 2016/2017 Season

Name: _____ Phone _____

Address: _____ City: _____

Zip: _____ E-Mail: _____

2016/2017 Membership _____ \$35.00 each

Membership is good for all 2016/2017 Team Events and 2017 Pro Am Events

In consideration for the privilege of participating in these events, I hereby release all tournament officials and sponsoring organizations from all claims of injury and or damages incurred in connection with these events. I understand that I am subject to a polygraph exam and that the tournament promoters reserve the right to refuse entry and services to anyone. I release any photos or videos of me.

Signature: _____ Date: _____

Date: _____

(Signature of Parent or Guardian if under 18)

Prepaid memberships can be done PayPal at billcook518@yahoo.com or by calling Bill Cook at 661-319-3014