

4th ANNUAL G-MAN SHOOTOUT ROUNDUP GOLF REGISTRATION

Name _____

Address _____

City _____ State _____ Zip _____

E-Mail Address for Tournament Confirmation: _____

Best Phone Number _____

If you have a desired foursome, please list additional players' names and their email address if you would like them to receive updates:

Player 2

Name _____

E-Mail _____

Player 3

Name _____

E-Mail _____

Player 4

Name _____

E-Mail _____

[Note: If you have more than one foursome and want them played back-to-back, please include that in the player information response. We will be happy to accommodate you.]

2020 G-Man Roundup Fee - \$260.00 # of players _____ \$ _____

50/50 Raffle
3 Raffle Tickets (1 drawing chance per day) - \$60 **or**
6 Raffle Tickets (2 drawing chances per day) - \$100 \$ _____

Total Due \$ _____

For your convenience, we accept MC/VISA. Either provide us with your credit card information along with your registration form (you may fax your registration forms if paying by credit card to 818/772-7478) or make your check(s) payable to: FBIAA and enclose your check(s) with your registration form.

Mail to: G-Man Shootout
P. O. Box 7819
Northridge, CA 91327

Credit Card Information

MasterCard _____ VISA _____

Card No. ____ -- ____ -- ____ --

Customer I.D. # _____ (3 digit # on the back of the card)

Amount to be charged: _____ Expiration Date: _____

Name as it appears on the credit card: _____

Signature: _____