



Individual or Foursome Information

Name: _____
Name: _____
Name: _____
Name: _____

Company Name: _____
Contact Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: (____) _____ Fax: (____) _____
Email: _____

Tournament Fee: \$75.00/player x _____ player(s) = \$ _____
Rental Club Fee: \$25.00/player x _____ player(s) = \$ _____
(LH _____) or (RH _____)
Total:\$ _____

Payment Information:
Credit Card Number: _____ Exp. Date: _____
Cardholder Name: _____
3- or 4-digit Security Code: _____ Signature: _____

Check Enclosed (Make checks payable to AZ SWANA) Send Invoice

Mail completed registration form with payment, or fax form with credit card information to:

Eddie Enriquez , 6210 W Myrtle ave. Glendale AZ. 85301
Office: (623) 930-2612 Cell: (602) 359-1180 Fax: (623) 463-2052

