

 **SHOOT FOR AN
IMPACT** 
TEAM SIGN-UP FORM

TEAM NAME: _____

Contact Name _____

Phone _____ Email Address _____

Address _____ City _____ State _____ Zip _____

Shooter 1 _____

Shooter 2 _____

Phone _____

Phone _____

Email _____

Email _____

Shooter 3 _____

Shooter 4 _____

Phone _____

Phone _____

Email _____

Email _____

Registration Fee: \$500

Golf Cart Rental Yes No

(If yes, \$150.00 rental fee)

Total: _____

Pay by Check:

Enclosed is my check for \$ _____
made payable to Pink Impact Foundation.

If paying by mail, please send form
and check to:

Pink Impact Foundation
15250 N Hwy 289
Pottsboro, TX 75076