

# Adrian L. Shuford, Jr. Memorial YMCA Golf Classic

## TEAM REGISTRATION

Monday, April 26, 2010

Catawba Country Club

### REGISTRATION INFORMATION

All players must be registered no later than April 17, 2009. To register, please complete and return this form, **along with your payment**, to the **Adrian L. Shuford, Jr. Memorial YMCA Golf Classic, PO Box 280, Conover, NC 28613.**

### PLEASE PRINT LEGIBLY.

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_ City & Zip \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number \_\_\_\_\_

Player 1: \_\_\_\_\_ HDCP: \_\_\_\_\_

Player 2: \_\_\_\_\_ HDCP: \_\_\_\_\_

Player 3: \_\_\_\_\_ HDCP: \_\_\_\_\_

Player 4: \_\_\_\_\_ HDCP: \_\_\_\_\_

◇ **Check Enclosed**

◇ **Charge my Credit Card**

VISA

MASTER CARD

Account # \_\_\_\_\_

Signature: \_\_\_\_\_

**Please Read and Sign:** In entering the Adrian L. Shuford, Jr. Memorial YMCA Golf Classic, sponsored by the Shuford YMCA, I waive all claims for myself, my heirs and anyone else acting on my behalf, should I die or be injured or become ill because of accident or illness, against any sponsor, any sponsor's representative, all tournament staff and officials, and any person assisting on a voluntary basis or otherwise in operating this event. I state that I recognize the risk of participating in a golf tournament, including death or injury due to vehicles, falls, collisions with other participants or spectators, actions by hostile humans or animals, uneven pavement, obstructions, adverse weather, sudden illness and all other risks. I state that I am in proper physical condition to participate. I waive all royalty considerations for photos taken of during the race or on race day, permitting any legal use without pay.

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_