

# Arizona Business Aviation Association Sponsor Registration & Information Form 2012 Annual Golf Benefit

Please Print

## SPONSORSHIP LEVEL

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

Primary Contact: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ URL: \_\_\_\_\_

## SPONSORSHIP PAYMENT INFORMATION:

**Amount of Sponsorship:** \_\_\_\_\_

\$ \_\_\_\_\_ CHECK (Check # \_\_\_\_\_)

\$ \_\_\_\_\_ CREDIT CARD (*Amex, Visa, MC or MultiService*)

Card # \_\_\_\_\_ Security Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Authorization and release of liability for use of company logo and name is required in order for the AZBAA to properly recognize your contributions to this event. By signing this form below you authorize the Arizona Business Aviation Association to reproduce and display your company's name and/or logo for the promotion of this event in brochures, banners, and the organization's web site. All efforts will be made to coordinate with the appropriate company representative to ensure proper display and use of the participating sponsor's company name and logo.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_



## Arizona Business Aviation Association

### Sponsor Golfer Registration Form 2012 Annual Golf Benefit

<b>Hole Assignment</b>
<i>AZBAA Use Only</i>

Use this form to list all golfers who will be playing under your sponsorship allotment. If unsure of the number of golfers your sponsorship allows please contact us at your convenience ([RD 602-418-0796](tel:602-418-0796) or [Barbara 623-337-6488](tel:623-337-6488)). Should you wish to register additional golfers to be paid for outside of the sponsor allotment please fill out the Golfer Registration Form with payment information. This form is available on our web site at <http://www.azbaa.org/golf>. In order to ensure accurate golfer registration this form must be scanned to Barbara at [bconlon@azbaa.org](mailto:bconlon@azbaa.org). For additional golfers, please make copies of this form. To ensure a smooth and accurate registration process, please take the time to fill this form out completely and legibly.

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**Sponsor Company:** \_\_\_\_\_ **Number of Allotted Golfers:** \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**1. Golf Entrant:** \_\_\_\_\_

**Company:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_

**Zip:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Shirt Size:** ( ) S ( ) M ( ) L ( ) XL ( ) XXL

**Credit card billing information (for Golfer #1):**

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**2.** Golf Entrant: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Shirt Size:** ( ) S ( ) M ( ) L ( ) XL ( ) XXL

**Credit card billing information (for golfer #2):**

Card # \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_

Name as Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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**3.** Golf Entrant: \_\_\_\_\_

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

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Shirt Size:** ( ) S ( ) M ( ) L ( ) XL ( ) XXL

**Credit card billing information (for Golfer #3):**

Card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_  
Name as Appears on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Please Print

4. Golf Entrant: \_\_\_\_\_  
Company: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Zip: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

**Shirt Size:** ( ) S ( ) M ( ) L ( ) XL ( ) XXL

**Credit card billing information (for golfer #4):**

Card # \_\_\_\_\_  
Expiration Date: \_\_\_\_\_ Security Code \_\_\_\_\_  
Name as Appears on Card: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*\*\*\* Remember: In order to ensure accurate golfer registration this form must be scanned to [bconlon@azbaa.org](mailto:bconlon@azbaa.org) \*\*\*\*

Please take the time to fill out completely and legibly