



## 25th Annual Swing for Sight Golf Classic Team Sign-Up Sheet

Wednesday, September 17, 2008

Registration 11:00 a.m., Shotgun start 1:30 p.m.

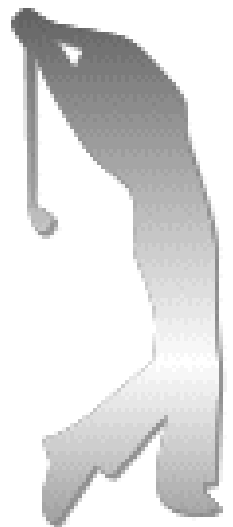
FAX Form to: 615-352-5750- or for further information call 615-352-0450

**Golfer #1:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Handicap: \_\_\_\_\_

**Golfer #2:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Handicap: \_\_\_\_\_

**Golfer #3:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Handicap: \_\_\_\_\_

**Golfer #4:** Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Email: \_\_\_\_\_  
Handicap: \_\_\_\_\_



### 2008 Swing for Sight Golf Classic – Release Form Must Be Signed

I do hereby indemnify Gaylord Golf Springs, Prevent Blindness Tennessee, and event coordinators and sponsors together with their respective officers, directors, employees, and agents and agree to hold them harmless from any and all claims, demands, liabilities, penalties, and expenses (including attorney fees), relating to the Swing for Sight Golf Classic hosted by Prevent Blindness Tennessee.

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

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

Please Print Name: \_\_\_\_\_