



Event Registration

Name or Business Name: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone #: _____

Email: _____

Sponsorship Information

Donation Amount: _____ # of Teams: _____ # of Individual Shooters _____

Please make checks payable to Zinzow Law Foundation, Inc.
Please return this form along with your payment, and shooter information form to:

Zinzow Law Foundation, Inc.
35111 U.S. Hwy. 19 North
Suite 302
Palm Harbor, Florida 34684

In-kind Donation

Item	Value

All Sponsors and In-kind donors please e-mail a transparent copy of your logo to:
amain@zinzowlaw.com

{00149881}Zinzow Law Foundation, Inc. 501(c)(3)
35111 U.S. Highway 19 North, Suite 302
Palm Harbor, Florida 34684



Team or Individual Shooter Information:

Team Information

Ticket Purchaser Name: _____

Company Name (if applicable): _____

Team Name: _____

Team Captain (1st Shooter) (Shirt Size M-4XL, Please identify Male or Female Shirt Size)

Shooter #1 Name: _____ Shirt Size: _____

Shooter #2 Name: _____ Shirt Size: _____

Shooter #3 Name: _____ Shirt Size: _____

Shooter #4 Name: _____ Shirt Size: _____