



### 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 (1<sup>st</sup> 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: \_\_\_\_\_