



# 2008 SHOOT YOUR AGE CERTIFICATION PROGRAM

FIRST NAME	LAST NAME	MI
AGE	DATE OF BIRTH	
ADDRESS		
CITY	STATE	ZIP CODE
HOME PHONE	CELL PHONE	EMAIL
HOME CLUB		

## SCORE POSTING INFORMATION

DATE OF ROUND	GOLF COURSE	SCORE
---------------	-------------	-------

## ATTESTED BY (REQUIRED)

CLUB OFFICIAL	TITLE
SIGNATURE	DATE
TEES	YARDAGE

\$25 CERTIFICATION PROGRAM ANNUAL FEE

\$25 SHOOT YOUR AGE CERTIFICATE & PIN

PLEASE MAKE CHECKS PAYABLE TO: **SHOOT YOUR AGE**

VISA       MASTERCARD       AMERICAN EXPRESS

CREDIT CARD NO.

EXP. DATE

## QUESTIONS?

215-862-9100 | [INFO@SHOOTYOURAGE.COM](mailto:INFO@SHOOTYOURAGE.COM)

[WWW.SHOOTYOURAGE.COM](http://WWW.SHOOTYOURAGE.COM)

**SEND COMPLETED FORM  
ALONG WITH PAYMENT TO:**

**SHOOT YOUR AGE**  
4 East Bridge Street  
Second Floor  
New Hope, PA 18938

**OR FAX TO:**  
215-862-9200