



COMPETITION EXPENSE REIMBURSEMENT
AMATEUR GOLFER DISCLOSURE FORM



Player's Name: _____ Birthdate: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Social Security Number, EIN, ITIN (for tax purposes): _____

Name on Social Security Number, EIN, ITIN (if not the player) _____

Signature of Player: _____

Competitions

Name of Competition(s): _____

Date(s) of Competition: _____
