



AUSTRIAN OMEGA TROPHY REGISTRATION FORM JULY, 2nd 2017 GOLF CLUB INNSBRUCK-IGLS

Player 1

First Name: _____ Last Name: _____ Boutique/Partner Contact: _____

Mr. Mrs. Ms. Dr.

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell: _____

DOB: _____ HDCP. Index: _____

Home Golf Club: _____ City: _____ State: _____

Interests and Hobbies: _____

Watch Enthusiast? Y N OMEGA Owner? Y N Shirt Size S M L XL

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I do not wish to be contacted

Player 2

First Name: _____ Last Name: _____

Mr. Mrs. Ms. Dr.

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell: _____

DOB: _____ HDCP. Index: _____

Home Golf Club: _____ City: _____ State: _____

Interests and Hobbies: _____

Watch Enthusiast? Y N OMEGA Owner? Y N Shirt Size S M L XL

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I do not wish to be contacted

Player 3

First Name: _____ Last Name: _____

Mr. Mrs. Ms. Dr.

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Phone: _____ Cell: _____

DOB: _____ HDCP. Index: _____

Home Golf Club: _____ City: _____ State: _____

Interests and Hobbies: _____

Watch Enthusiast? Y N OMEGA Owner? Y N Shirt Size S M L XL

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