

# LONG DRIVERS BIOGRAPHICAL INFORMATION

<b>PERSONAL INFORMATION</b>	DATE:		
Name		Nickname	
Address		Town/State	
Address		Zip Code	
Phone 1		Phone 2	
Email Address		Web URL	
Will you be competing as a pro or amateur?		Home Course Affiliation	
<b>COMPETITIVE CLUB INFORMATION</b>	<i>For use in program</i>		
Driver Head		Driver Loft	
Shaft Make		Shaft Model	
Shaft Length		Shaft Flex	
Long Drive Background			
Long Drive Resume'			
# World Finals		Years	
Sanctioned Win			
LDA District Competitor?			
Other			
Home Newspaper		Sports Editor	
		Fax #	
Home TV Station		Sports Editor	
S.S. # (must include)			
<b>PAYMENT INFORMATION</b>	<b>Credit Card</b> <b>Personal Check</b> <b>Bank Check</b> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Refer to enclosed flyer to register	<b>Credit Card #</b> <b>Expiration</b>

**Mail all information to:** Laughlin Health Care Foundation, 1420 Tusculum Boulevard, Greeneville, TN 37745      423.787.5117

email: [bettyweemes@lmhcare.org](mailto:bettyweemes@lmhcare.org)