



CORNHOLE TOURNAMENT PARTICIPATION FORM

PARTNER 1

FIRST NAME

LAST NAME

PARTNER 2

FIRST NAME

LAST NAME

TEAM NAME

SHOW LOCATION (CITY, STATE)

E-MAIL

CELL PHONE NUMBER

PLEASE E-MAIL [KATIE@TRIGGERAGENCY.COM](mailto:katie@triggeragency.com) WITH ANY QUESTIONS. THANKS!

CUSTOMER AUTHORIZATION FORM

NAME _____
PHONE NO. _____
E-MAIL _____

TICKET INFORMATION

EVENT _____
LOCATION _____
PRICE \$10.00

CC#: _____

Expiration Date (MM/YYYY): _____

CSV: _____