ENTRY FORM

EXXONMOBIL GOLF June 6st 2025

RETURN BEFORE May 2th 2025

|  |
| --- |
| EM GOLF TOURNAMENT |
| NAME | : |  | GVB/LICENSE | : | YES / NO |
| DEPARTMENT | : |  | HANDICAP HCP | : |  |
| TELEPHONE | : |  |  |  |  |
| LOCATION | : |  |  |  |  |
|  | : |  | DINNER | : | YES / NO |

|  |
| --- |
| EM GOLF CLINIC |
| NAME | : |  |  |  |  |
| DEPARTMENT | : |  |  |  |  |
| TELEPHONE | : |  |  |  |  |
| LOCATION | : |  |  |  |  |
|  | : |  | DINER | : | YES / NO |

Participation at the Tournament is at own risk (voluntary). During the event, photos will be taken and video recordings may be made. We ask for your permission to use these for ExxonMobil communications, including social media.

O Yes, I give permission

O No, I do not give permission