



GT Radial Cup Challenge Registration Form

Name: _____
 Address: _____

 Tel. No.: _____
 Email: _____
 Make/Model: _____
 Class: _____
 Region: _____
 Tire Pattern: _____
 Tire Size: _____
 Clubs: _____
 Shirt Size: _____

**Please make sure to submit proof of purchase of GT Radial tires to Indra Chavy
(indra.chavy@us.giti.com)**

Social Media:

	Type*	# of Followers
Facebook	_____	_____
Instagram	_____	_____
Twitter	_____	_____
Snapchat	_____	_____
You Tube	_____	_____
Others	_____	_____

Tire Program* _____
 Cash Program* _____

* Mark "x" where applies.

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