

DERRYFIELD COUNTRY CLUB

2012 INDOOR WINTER GOLF LEAGUE

REGISTRATION FORM

A deposit of \$80.00 is required with each team application.

TEAM NAME: _____

PLAYER A's NAME: _____

DAY TIME PHONE : _____

EMAIL ADDRESS: _____

NON DERRYFIELD MEMEBERS PLEASE PROVIDE THE FOLLOWING

GHIN #: _____ YEAR END INDEX: _____

PLAYER B's NAME: _____

DAY TIME PHONE : _____

EMAIL ADDRESS: _____

NON DERRYFIELD MEMEBERS PLEASE PROVIDE THE FOLLOWING

GHIN #: _____ YEAR END INDEX: _____

PLEASE CIRCLE WHICH DAY OF THE WEEK YOU WOULD LIKE TO PLAY:

MONDAY TUESDAY WEDNESDAY THURSDAY

PLEASE CIRCLE TIME SLOT: 4:00 to 6:00pm 6:15to 8:15pm

Days and time slots will be filled on a first come first serve basis. If you would like to play with a specific team each week then fill out two forms and submit them together to guarantee your spot.

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OFFICE USE

SHOP ATTENDANT _____ DEPOSIT OF \$80.00 RECEIVED: _____
Initials Date