

REGISTRATION FORM

Player 1 Name: _____ Handicap: _____ GHIN#_____ Phone #:_____ Email: _____ **Member-Entry Fee \$145 Non-Member- Entry Fee \$195** Player 2 Name: _____ Handicap: _____ GHIN# Phone #:_____ Email: Member-Entry Fee \$145 Non-Member- Entry Fee \$195 OFFICE USE Date received: _____ Paid in full _____ Payment Information