

THURSDAY 9 HOLE LEAGUE

#:		SI	GN-UP FORM	
LAST NAME:			FIR	ST NAME:
ADDRESS:				
CITY:			STATE:	ZIP:
EMAIL:				
TELEPHONE:		(BEST # TO (CONTACT YOU)	
DATE SIGNED UP:				
PAYMENT TYPE:				
GHIN Card	\$45.00	0]	
League Fees	\$53.00	\$53.00		
PAYMENT TOTAL:	\$98.00	\$53.00		
STAFF MEMBERI:				
CUSTOMER #:				