

ENTRY FORM

Men's Division

Women's Division

BUSINESS NAME _____

CAPTAIN _____ WHS HANDICAP _____ AVG. SCORE _____

ADDRESS _____

PHONE _____ EMAIL _____

PLAYER 2 _____ WHS HANDICAP _____ AVG. SCORE _____

ADDRESS _____

PHONE _____ EMAIL _____

PLAYER 3 _____ WHS HANDICAP _____ AVG. SCORE _____

ADDRESS _____

PHONE _____ EMAIL _____

PLAYER 4 _____ WHS HANDICAP _____ AVG. SCORE _____

ADDRESS _____

PHONE _____ EMAIL _____

This form must be returned with your entry fee unless you register online.

Handicaps are subject to verification.
**If you do not have a handicap, please list average score*

Four person teams must be submitted together on one form.

_____ Players x \$100 each = \$ _____

Optional

_____ Prepaid Mulligans x \$20 each = \$ _____

Total Enclosed = \$ _____

\$100 per player

Entry & Payment Deadline: March 15th