



**2010 CHESAPEAKE BAY GOLF CLUB LEAGUE
SIGN UP SHEET**

TEAM NAME (Mandatory): _____

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2009 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

PARTNER NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2009 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

CHECK ONE:

Alternates:

_____ 2009 Handicap Index: _____

_____ 2009 Handicap Index: _____

OR...

_____ I would like the Club's assistance to help pair me up with a team.

Question: Did you participate in 2009 CBGC League? Yes / No

<u>Office Use</u>	
Registration Fee Payment:	
Total Amount Paid \$ _____	Manager's Initials: _____
_____ Cash	_____ Credit Card
	Check # _____
Date Paid: _____	Location of Payment: NE RS

Make Payment and Send Back To:

Chesapeake Bay Golf Club, 1500 Chesapeake Club Drive, North East, MD 21901
call 410-287-0200 ext 3 or email: chesapeake@chesapeakegolf.com