



**2017 CHESAPEAKE BAY GOLF CLUB - MEN'S LEAGUE
SIGN UP SHEET**

TEAM NAME (Mandatory): _____

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2016 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

PARTNER NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2016 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

CHECK ONE:

Alternates:

_____ 2016 Handicap Index: _____

_____ 2016 Handicap Index: _____

OR...

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

Question: Did you participate in 2016 CBGC League? Yes / No

<u>Office Use</u>		
Team Registration Fee: \$100 per 2 Person Team (\$50 per Individual)		
Total Amount Paid \$ _____	Manager's Initials: _____	
_____ Cash	_____ Credit Card	Check # _____
Date Paid: _____	Payment Received: via Mail	In Person RS Pro Shop

Make Payment and Send Back To:

Chesapeake Bay Golf Club, 128 Karen Drive, Rising Sun, MD 21911
or call 410-658-4343 x26 or email: BrianM@chesapeakegolf.com