



2016 CHESAPEAKE BAY GOLF CLUB LEAGUE
SIGN UP SHEET

TEAM NAME (Mandatory): _____

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2015 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

PARTNER NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2015 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

CHECK ONE:

Alternates:

_____ 2015 Handicap Index: _____

_____ 2015 Handicap Index: _____

OR...

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

Question: Did you participate in 2015 CBGC League? Yes / No

Office Use

Team Registration Fee: \$100 per 2 Person Team (\$50 per Individual)

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 Dr, North East, MD 21901
or call 410-287-0200 ext 3 or email: BrianM@chesapeakegolf.com