



June 2-person TEAM EVENT

June 22nd

Name: _____ Date: _____

Email Address: _____ Cell Phone: _____

IGA INFORMATION:

Handicap Index _____ *Home Course* _____ *Ghin Number* _____
(As of 6/01/17)

Partners Name: _____ Date: _____

Email Address: _____ Cell Phone: _____

IGA INFORMATION:

Handicap Index _____ *Home Course* _____ *Ghin Number* _____
(As of 6/01/17)

Price: \$30 Per Team + Green Fees

Format: 6 – 6 – 6 (8 max stroke spread)

Scramble, Best Ball, Alternate Shot

No Mixed Teams

METHOD OF PAYMENT:

Credit Card _____ Check _____ Cash _____

Credit Card Number: _____ Exp. Date: _____

Amount Paid: _____

Please Read & Initial:

- **Entry forms will not be accepted after 12 p.m. on June 20th**
- **Must withdraw by 12 p.m. June 20th to receive full refund**
- **Any event credit won must be used by Dec. 31, 2017**

X _____