

APPLICATION FOR TUESDAY CHRISTIAN GOLF LEAGUE

NAME: _____

ADDRESS: _____

TELEPHONE NO. _____

CELL NO. _____

email address: _____

Do you have a partner you would like to play with every week? _____

If yes, name of the person: _____

Do you have a foursome you would like to play with every week?

If yes, names of the players: _____

Please enclose a check for \$20.00 for each person, and mail to
Christian Golf League at Concord Crest, PO Box 61,
East Concord NY 14055.