

## Registration Form



## **27 HOLE** FALL SCRAMBLE

Saturday September 28, 2019

Name:	27 Holes of Scramble Golf	
Address:		
Town/City:		: 5.0 Index Permitted per team
Postal Code:	TEAM MEMBE	RS NAMES
Phone Number:	_ 1	Index
HDCP Index:	2	Index
Email Address:	3	Index
Please indicate in the boxes the nu	ımber of playeı	rs for each category:
[]Non-Member Ri []Saugeen Memb []Saugeen Memb	er (owned cart)	\$70
Discounted Practice Round, as shown b Non-Membe	<b>elow, may be boo</b> er Riding	ked 7 Days in Advance \$35
Payment Methods:		
Visa #	Expiry	
MC #Cheques: Please make payable to Saugeen Golf Cl		<b>Mailing Address</b> RR#2 Port Elgin, ON N0H 2C6 <b>E: gary@saugeengolf.com</b>
Note: Entries will not be accepted without payme Post dated cheques not accepted. Limited to the first 50 teams to register.	ent.	P: 519-389-4031 x 100

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