BACK NINE
TAVERN & GRILL

REGISTRATION FORM

Email Form To:
scott@backninetavern.ca

WINTER LEAGUE

GOLFER INFORMATION

FULL NAME _____

GENDER ◯ Male ◯ Female ◯ Other

PHONE NUMBER _____

EAMIL _____

PARTNER NAME _____

TEAM NAME _____

QUESTIONS

PREFERED DAYS OF PLAY _____

PREFERED TIMES _____

HANDICAP _____

AVERAGE 18 HOLE SCORE _____

Payment Information

NAME ON CARD _____

CARD NUMBER _____

EXPIRY DATE _____ **CSV** _____