



2007 CHESAPEAKE BAY GOLF CLUB LEAGUE

Sign Up Sheet

TEAM NAME (Mandatory): _____

NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2006 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

PARTNER NAME: _____

ADDRESS: _____

PHONE: (Home) _____ (Work) _____

2006 HANDICAP INDEX: _____

HOME E-MAIL: _____

WORK E-MAIL: _____

CHECK ONE:

Alternates:

_____ 2006 Handicap Index: _____

_____ 2006 Handicap Index: _____

OR...

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

Question: Did you participate in 2006 CBGC League? Yes / No

| | | | |
|----------------------------------|----------------------|---------------------------|----|
| <u>Office Use</u> | | | |
| Registration Fee Payment: | | | |
| 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 Drive, North East, MD 21901
or call 410-287-0200 ext 3, or email: chesapeake@chesapeakegolf.com