



Thursday Team Match Play League

Player 1

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

GHIN # _____

Player 2

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

GHIN # _____

Player 3

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

GHIN # _____

Player 4

Name _____

Address _____

City _____

State _____ Zip _____

Email _____

Phone _____

GHIN # _____

Payment Info (Team is not registered until payment is received)
(Space is limited to first 16 paid teams)
(Team fee \$100, handicaps additional \$20 per player)

Check # (s) _____ We need handicaps (Additional \$20 per player)

Credit Card Info

Account Number _____

Expiration _____ CVV _____

Cardholder Signature _____

RETURN ENTRY TO:

Pebble Creek Golf Club
Thursday Match Play
P.O. Box 250
Becker, MN 55308