



Amateur Championship

September 19th & 20th, 2020

REGISTRATION FORM

NAME: _____

PHONE: _____ / **EMAIL:** _____

D.O.B.: ____ / ____ / ____

(TO DETERMINE DIVISION)

USGA GHIN#: _____

(TO DETERMINE FLIGHT)

PLAYING PREFERENCE

WALKING (\$50.00 / DAY): ____

RIDING (\$65.00 / DAY): ____

(PLEASE CHECK ONE)

**PLEASE RETURN THIS FORM & PHOTO COPIED
DRIVER'S LICENSE TO THE PROFESSIONAL SHOP**

- PAYMENTS ARE TO BE MADE EACH DAY BY CREDIT CARD -