

HAUNTED HILLS

N i g h t G o l f



Friday, Oct. 27th / Saturday, Oct. 28th

Date(check one): ☐ Friday, October 27th ☐ Saturday, October 28th

-Entry Fee-

\$50 Per Player per tournament.

-Entry-

Provide Entry Form & Fee
(Cash, Check, CC)

-Location-

Submit at:
Proshop

-Or-

Mail to:

Silver Lake Golf
PO Box 497
Orland Park, IL 60462

-Or-

email completed
forms to:

proshop@silverlakecc.com

PLAYER 1

NAME: _____

EMAIL: _____

PHONE: _____

PLAYER 2

NAME: _____

EMAIL: _____

PLAYER 3

NAME: _____

EMAIL: _____

PLAYER 4

NAME: _____

EMAIL: _____

PLAYER 5

NAME: _____

EMAIL: _____

If paying by credit card:

TYPE OF CARD: _____ **Amnt to be Charged** _____

VISA MASTERCARD DISCOVER AM EX

Card Number: _____

EXP DATE: _____ **SEC. CODE** _____

NAME ON CARD: _____

ADDRESS: _____

CITY: _____ **STATE:** _____

PHONE: _____

EMAIL: _____