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Friday, June 9th

-Entry Fee-	PLAYER 1		
\$50 Per Player per	NAME:		
tournament, \$125 for	EMAIL:	DIVICON	
three night series.	PHONE:	DIVISUN:	
-Entry-	PLAYER 2		
Provide Entry Form &	NAME:		
Fee (Cash, Check, CC)	EMAIL:		
	PHONE:	DIVISON:	
-Location- Submit at:			
Proshop	PLAYER 3		
-0r-	NAME:		
	EMAIL:		
Mail to: Silver Lake Golf	PHONE:	DIVISON:	
PO Box 497			
Orland Park, IL 60462	PLAYER 4		
-0r-	NAME:		
email completed	EMAIL:	DIVISON	
forms to:	PHONE:	DIVISUN:	
proshop@silverlakecc.com	PLAYER 5		
Please Check if	NAME:		
Participating in Full	EMAIL:		
Series	PHONE:	DIVISON:	
If paying by credit card:		NAME ON CARD:	
	Ampt to be Charged	ADDRESS:	
TYPE OF CARD:	Amnt to be Charged		
VISA MASTERCARD DISCOVER AM EX		CITY:	STATE:
		PHONE:	
Card Number:			
		EMAIL:	
EXP DAIE:	SEC. CODE		
	www.silverlakecc.com	708 349 6940 v 4	

www.sliverlakecc.com

708.349.6940 x 4