Night Golf/Course



Entry Form Friday, September 8th

	SEC. CODE		
Card Number:			
VISA MASTERCARD DISCOVER AM EX		CITY:PHONE:	
TYPE OF CARD:	Amnt to be Charged	ADDRESS:	
If paying by credit card:		NAME ON CARD:	
	EMAIL: PHONE:	DIVISON:	
	NAME:		
	PLAYER 5		
proshop@silverlakecc.com	PHONE:	DIVISON:	
email completed forms to:	NAME:		
- Or -	PLAYER 4 NAMF		
PO Box 497 Orland Park, IL 60462			
Mail to: Silver Lake Golf	EMAIL: PHONE:	DIVISON:	
-0r-	NAME:		
Submit at: Proshop	PLAYER 3		
-Location-	EMAIL: PHONE:		
Fee (Cash, Check, CC)	NAME:		
Provide Entry Form &	PLAYER 2		
-Entry-	PHONE:	DIVISON:	
\$50 Per Player per tournament.	NAME:		
-Entry Fee-	PLAYER 1		

www.silverlakecc.com 708.349.6940 x 4