

# Fall Sr. Scramble Entry Form



Thurs, Sept. 28<sup>th</sup>

**-Entry Fee-**  
\$75 Per Player

**-Eligibility-**  
Min. Age 55  
as of 09/28/17

**-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](mailto:proshop@silverlakecc.com)

**PLAYER #1:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AGE AS OF 09/28/17:** \_\_\_\_\_ **HOME COURSE:** \_\_\_\_\_

**PLAYER #2:** \_\_\_\_\_

**\*EMAIL:** \_\_\_\_\_

**AGE AS OF 09/28/17:** \_\_\_\_\_ **HOME COURSE:** \_\_\_\_\_

**PLAYER #3:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**AGE AS OF 09/28/17:** \_\_\_\_\_ **HOME COURSE:** \_\_\_\_\_

**PLAYER #4:** \_\_\_\_\_

**\*EMAIL:** \_\_\_\_\_

**AGE AS OF 09/28/17:** \_\_\_\_\_ **HOME COURSE:** \_\_\_\_\_

\*\*I Don't Have a Team But Want to Play \_\_\_\_\_

**If paying by credit card:**

**NAME ON CARD:** \_\_\_\_\_

**TYPE OF CARD:**

**ADDRESS:** \_\_\_\_\_

VISA MASTERCARD DISCOVER AM EX

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_

**Card Number:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_

**EXP DATE:** \_\_\_\_\_ **SEC. CODE** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_