



June 2-person TEAM EVENT

June 21st

Name: _____ Date: _____

Email Address: _____ Cell Phone: _____

IGA INFORMATION:

Handicap Index _____ **Home Course** _____ **Ghin Number** _____
(As of 6/01/18)

Partners Name: _____ Date: _____

Email Address: _____ Cell Phone: _____

IGA INFORMATION:

Handicap Index _____ **Home Course** _____ **Ghin Number** _____
(As of 6/01/18)

Price: \$50 Per Team + Green Fees

Format: 6 – 6 – 6 (8 max stroke spread)

Scramble, Best Ball, Alternate Shot

No Mixed Teams

METHOD OF PAYMENT:

Credit Card _____ **Check** _____ **Cash** _____

Credit Card Number: _____ **Exp. Date:** _____

Amount Paid: _____

Please Read & Initial:

- **Entry forms will not be accepted after 12 p.m. on June 19th**
- **Must withdraw by 12 p.m. June 19th to receive full refund**
- **Any event credit won must be used by Dec. 31, 2018**

X _____