

JUNIOR GOLF LEAGUE REGISTRATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE _____ **E-MAIL** _____

AGE _____ **T-SHIRT adult sizes XS S M L XL** please circle one

PREFERRED TIME _____

2nd CHOICE (at least 60 minutes different) _____

TUESDAY _____ **WEDNESDAY** _____ **THURSDAY** _____

NAMES OF PLAYING PARTNERS

Please remember to indicate which day you would like to play. You may register via paper mail or e-mail Applewoodhills@aol.com

Send registrations with check payable to: **Applewood Hills Golf Course**
11840 60th St. N.
Stillwater, MN 55082