



MEN'S LEAGUE

2025 APPLICATION

Player Full Name: _____

Player Handicap: _____ Phone Number: _____

Email Address: _____

Signature _____ Date: _____

Foursome Player Names:

Player 1 _____

Player 2 _____

Player 3 _____

Notes: _____

League Fee: \$75 (HST included)

Paid by: _____

