

SEVEN LAKES CHAMPIONSHIP GOLF



2019 Monday Night Ladies League

PERSONAL INFORMATION

NAME			
MALE	<input type="checkbox"/>	FEMALE	<input type="checkbox"/>
ADDRESS			
CITY		POSTAL CODE	
EMERGENCY CONTACT			
HOME PHONE		MOBILE PHONE	
EMAIL ADDRESS			
HDCP/INDEX		If you do not have a handicap, we will calculate one for you, and then manage it throughout the season. Five scores are all we need.	

PAYMENT METHOD

CASH	<input type="checkbox"/>	CHEQUE	<input type="checkbox"/>	CREDIT CARD	VISA	<input type="checkbox"/>	MASTERCARD	<input type="checkbox"/>
CREDIT CARD NUMBER						EXP.		
CARDHOLDER NAME								
CARDHOLDER SIGNATURE								

Waiver of Liability: I understand that in case of injury or any medical emergency, and in the event that your emergency contact cannot be reached, Seven Lakes Golf Course personnel have my permission to admit me to hospital if they deem necessary. Also, I will in no way hold Seven Lakes, their affiliates, subsidiaries, or any person connected with the league/golf course responsible or liable for any injury or loss of equipment that may occur to the participant named below. I grant Seven Lakes permission to use photographs or video of the league for promotions or related marketing material including print advertising and social media.

X

DATE