

Gainesville Country Club

2-Man Scramble Golf League

Registration Form

\$60/Player | \$120/Team

Division I: Gross Event – Average Handicap SHOULD Be Below 10

Division II: Net Event – Average Handicap MUST Be Above 10

Event Date: _____ **Division:** _____

Golfer One:

Name: _____ Handicap Index: _____

Address: _____

Email Address: _____ Phone Number: _____

Golfer Two:

Name: _____ Handicap Index: _____

Address: _____

Email Address: _____ Phone Number: _____

Payment:

Amount: \$ _____ Payment Type: Visa MasterCard American Express Check

Name on Card: _____ Billing Zip Code: _____

Card#: _____ Exp. Date: _____ CVV: _____

Amount: \$ _____ Payment Type: Visa MasterCard American Express Check

Name on Card: _____ Billing Zip Code: _____

Card#: _____ Exp. Date: _____ CVV: _____

Please make checks payable to Gainesville Event Center