



**Superintendent's Revenge  
Sunday, August 27**

**FEE: \$240 per team Public  
\$160 per team Passholders  
Modified SG: 8am**

**Player 1**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Handicap Info**

GHIN # \_\_\_\_\_

OR

Name of System \_\_\_\_\_

Player ID# \_\_\_\_\_

**Player 2**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Handicap Info**

GHIN # \_\_\_\_\_

OR

Name of System \_\_\_\_\_

Player ID # \_\_\_\_\_

**Player 3**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Handicap Info**

GHIN # \_\_\_\_\_

OR

Name of System \_\_\_\_\_

Player ID# \_\_\_\_\_

**Player 4**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip \_\_\_\_\_  
Email \_\_\_\_\_  
Phone \_\_\_\_\_

**Handicap Info**

GHIN # \_\_\_\_\_

OR

Name of System \_\_\_\_\_

Player ID # \_\_\_\_\_

**Payment Info**

Account Number \_\_\_\_\_

Expiration \_\_\_\_\_ CVV \_\_\_\_\_

Cardholder Signature \_\_\_\_\_

**RETURN ENTRY TO:** Pebble Creek Golf Club  
P.O. Box 250  
Becker, MN 55308