



6-6-6

Player 1

Name _____
Address _____
City _____
State _____ Zip _____
Email _____
Phone _____

Player 2

Name _____
Address _____
City _____
State _____ Zip _____
Email _____
Phone _____

Handicap Info

GHIN # _____
OR
Name of System _____
Player ID# _____

Handicap Info

GHIN # _____
OR
Name of System _____
Player ID # _____

Division(circle one)

Gross or Net

Payment Info

Check # (s) _____

Credit Card Info

Account Number _____

Expiration _____ CVV _____

Cardholder Signature _____

RETURN ENTRY TO:

Pebble Creek Golf Club
9-9-9
P.O. Box 250
Becker, MN 55308