



Superintendent's Revenge

FEE: \$200 per team Public
\$120 per team Passholders

Player 1

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# _____

Payment Info

Account Number _____

Expiration _____ CVV _____

Cardholder Signature _____

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

Player 2

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 # _____