



Tri-Fecta

**FEE: \$200 per team
\$120 per team Season 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
Tri Fecta
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 # _____