



Date Received: _____

GOLF LEAGUE INQUIRY

NAME: _____

ADDRESS: _____

PHONE(S): _____

EMAIL ADDRESS: _____

PREFERRED DAY(S): _____

PREFERRED TIME(S): _____

NUMBER OF PLAYER(S): _____

WHAT TYPE OF LEAGUE?

MEN'S

WOMENS

CO-ED

| | | |
|--|--|--|
| | | |
|--|--|--|

ALL "LEAGUE REQUEST FORMS" SHOULD BE COMPLETED TO THE FULLEST DETAIL
PLEASE RETURN TO HARTLAND GLEN GOLF CLUB.

FOR OFFICE USE ONLY:

SUBMISSION LOG TO LEAGUE REPRESENTATIVES

1.) Date Contacted: _____

Yes / Joining League

2.) Date Contacted: _____

Yes / Joining League