

**CEDARBROOK COUNTRY CLUB  
2009 MEMBER – GUEST**

**ENTRY FORM**

MEMBER'S NAME: \_\_\_\_\_ HCP: \_\_\_\_\_

GUEST'S NAME: \_\_\_\_\_ HCP: \_\_\_\_\_

HOME CLUB: \_\_\_\_\_ TELEPHONE # \_\_\_\_\_

- MEMBER & GUEST HANDICAPS ARE SUBJECT TO VERIFICATION BY TOURNAMENT COMMITTEE.

PREFERRED STARTING TIME:

SATURDAY SHOTGUN START:           8:30 \_\_\_\_\_ OR 1:30 \_\_\_\_\_

SUNDAY SHOTGUN START:           8:30 \_\_\_\_\_ OR 1:00 \_\_\_\_\_

WE WOULD LIKE TO PARTICIPATE IN THE CALCUTTA \_\_\_\_\_  
MINIMUM OF \$50.00 PER TEAM

WE DO NOT WISH TO PARTICIPATE IN THE CALCUTTA \_\_\_\_\_

- NUMBER OF PEOPLE ATTENDING SATURDAY NIGHT SOCIAL \_\_\_\_\_

**ENTRY FEE: \$260.00 PER TEAM**

**APPLICATION DUE BY MONDAY, JUNE 8<sup>TH</sup> @ 5:00 PM**