

Campbell's Scottish Highlands – Friday Mornings

Salem Senior Golf League ~ The Golden Eagles

Registration Form for 2009 ~ May 15-Sept. 25th

F.Y.I. . . .

Registration ends April 30, 2009

- *If you can not play at least 15 of the 18 weeks, please do not register for the league, choose the sub list.*
- *Schedule of play may be picked up at Center between May 11 – 14th.*
- ***Play:** Starts Friday, May 15th thru Sept 25th. Eighteen weeks of play. (no golf May 22nd, Sept. 18th).*
- *Tee times between 6:30 and 8:00 am **-pay close attention to your scheduled times, they do change.***
- *Nine holes of play, \$13 per week, \$5 per player cart fee (optional).*
- *Be at Pro shop to check-in and pay at least 20 minutes before assigned tee time.*
- *Please leave scorecard @ pro shop when done playing.*
- *All league slots are filled by a lottery drawing on April 30th with preference given to 1.Salem residents, 2. pre-registered non-residents; noting golfers who have been on a sub list, and good attendance. (must be 60+ to play)*
- *If you can't play, you **must** find your own substitute. Also, you must let your partner and/or other team members know. List of subs is at the right of League roster.*

----- *Cut Here – Keep Important Information Above* -----

Campbell's Scottish Highlands 2009 Golden Eagles Registration

Please do not register to play if you can not attend at least 15 out of the 18 weeks of play.

Please PRINT and return to Center by April 30th.

Name: _____

Address: _____

Phone #: _____ Email : _____

1. Circle one: Beginner intermediate advanced
2. Age: _____ (*must be 60+*)
3. Did you play in previous leagues? Circle all that apply: Campbell, Brookstone, Windham, Applewoods
4. Have a partner preference? (does not guarantee you'll be partnered) _____
5. I want to be a sub only. (Circle one) YES NO
6. You must sign this pledge of commitment for this registration to be valid. Please read carefully...

I understand that by registering for this league I am making a personal commitment to my fellow golfers to play at least 15 out of the 18 weeks. If and when I can not play I will find a substitute to play for me, notify the team I'm supposed to play that I will not be there and inform them as to who will play for me.

Signature: _____ Date: _____