

CEDARHILL GOLF & COUNTRY CLUB
LEAGUE APPLICATION

I hereby apply for League participation at Cedarhill Golf & Country Club. If my application is accepted, I agree to abide by the policies and regulations of the Club and to pay the prescribed charges.

NAME: _____

ADDRESS: _____

_____ **POSTAL CODE:** _____

TELEPHONE: **HOME:** _____ **OFFICE:** _____

CELL: _____ **FAX:** _____

E-MAIL: _____

CLASSIFICATION

Please ✓ the league you are applying for:

Tuesday Ladies League - One-Day-a-Week 9-Hole 18-Hole

Thursday Senior Men's League - One-Day-a-Week

Thursday Men's Night League - One-Day-a-Week

I acknowledge my understanding that the Club reserves the right to refuse any application and that if any application is refused, any deposit that has been made will be refunded.

DATE: _____ **SIGNATURE:** _____