



MEMBERSHIP APPLICATION
CRESTBROOK LADIES
GOLF ASSOCIATION

Name: _____

Address: _____

City: _____

Telephone: _____

Cell Phone: _____

Is this your first year in the league? Yes No

Do you have a 9-Hole Handicap? Yes No

If yes, GHIN and Handicap: _____

Do you plan to ride in a cart? Yes No

Please contact me by E-Mail: _____ Yes No

**Crestbrook Ladies' Golf Association fee is \$80.00 payable with this application. Please
make check payable to:
CRESTBROOK LADIES GOLF LEAGUE**

**Mail to: Nancy Clark
Litchfield Rd
Watertown, CT 06795**

*Application Deadline is May 1, 2019

Come and join us for a wonderful season of golf!