

THORN APPLE COUNTRY CLUB MEN'S GOLF ASSOCIATION

NAME: _____

ADDRESS: _____

PHONE#: cell: _____ work: _____

home: _____

E-MAIL: _____

*U.S.G.A. HANDICAP: _____

*9 HOLE LEAGUE HANDICAP: _____

AVERAGE 18 HOLE SCORE: _____

*IF APPLICABLE