

SHELTER VALLEY PINES COUPLES REGISTRATION FORM

PLAYER 1 INFORMATION

Last Name: _____ First: _____

Mailing Address: _____

City: _____ Pro: _____ Postal Code: _____

Home Phone: _____ Birth Date: ____/____/____
Day Month Year

Email: _____

Would you like us to add you to our E'Club where you will receive weekly specials from the Shelter Valley Pines Golf Club? Yes No

PLAYER 2 INFORMATION

Last Name: _____ First: _____

If the following information is same as above, please check here:

Mailing Address: _____

City: _____ Pro: _____ Postal Code: _____

Home Phone: _____ Birth Date: ____/____/____
Day Month Year

Email: _____

Would you like us to add you to our E'Club where you will receive weekly specials from the Shelter Valley Pines Golf Club? Yes No

OFFICE USE ONLY

Registration Fee: \$45/ Person

All Fees Paid Yes NO

Has a receipt been issued:

Yes No

This registration form was received and processed by:

Date

Printed Name

Signature