



Date Received: _____

INDIVIDUAL LEAGUE INQUIRY

NAME: _____

ADDRESS: _____

PHONE(S): _____

EMAIL ADDRESS: _____

PREFERRED DAY(S): _____

PREFERRED TIME(S): _____

NUMBER OF PLAYER(S): _____

WHICH TYPE OF LEAGUE IS PREFERRED?

MEN'S

WOMENS

CO-ED

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ALL "LEAGUE REQUEST FORMS" SHOULD BE COMPLETED TO THE FULLEST DETAIL
PLEASE RETURN TO HARTLAND GLEN G.C.

FOR OFFICE USE ONLY:

SUBMISSION LOG TO LEAGUE REPRESENTATIVES

1.) Date Issued: _____ To (League): _____
2.) Date Issued: _____ To (League): _____

Yes / Joining League
 Yes / Joining League