

# 2019 FRIDAY NIGHT COUPLES SCRAMBLE LEAGUE REGISTRATION FORM

**CAPTAIN**

**PARTNER**

NAME \_\_\_\_\_

NAME \_\_\_\_\_

STREET \_\_\_\_\_

STREET \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE – (HOME) \_\_\_\_\_

TELEPHONE – (HOME) \_\_\_\_\_

TELEPHONE – (CELL) \_\_\_\_\_

TELEPHONE – (CELL) \_\_\_\_\_

TELEPHONE – (WORK) \_\_\_\_\_

TELEPHONE – (WORK) \_\_\_\_\_

E-MAIL \_\_\_\_\_

E-MAIL \_\_\_\_\_

*Did you or your partner play in this league in 2018?* (circle one) Yes No

**Players that participated in 2018 have priority until 3/01/19**

**PLEASE RETURN COMPLETED FORM AND THE \$100.00 PRIZE & HANDICAP FEE TO:  
BRIARWOOD GC, 4775 WEST MARKET STREET, YORK, PA 17408**