

2019 MONDAY NIGHT 2-MAN 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**