

**2019 WEDNESDAY NIGHT LADIES  
REGISTRATION FORM**

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

TELEPHONE – (*HOME*) \_\_\_\_\_ TELEPHONE – (*CELL*) \_\_\_\_\_

TELEPHONE – (*WORK*) \_\_\_\_\_ EMAIL \_\_\_\_\_

**PLEASE RETURN COMPLETED FORM AND THE \$20.00 REGISTRATION FEE TO:  
BRIARWOOD GC, 4775 WEST MARKET STREET, YORK, PA 17408**