

**2018 MONDAY MORNING 2-MAN BETTER BALL LEAGUE
REGISTRATION FORM**

CAPTAIN

NAME _____

STREET _____

CITY _____ STATE ____ ZIP _____

TELEPHONE – (HOME) _____

TELEPHONE – (CELL) _____

TELEPHONE – (WORK) _____

E-MAIL _____

PARTNER

NAME _____

STREET _____

CITY _____ STATE ____ ZIP _____

TELEPHONE – (HOME) _____

TELEPHONE – (CELL) _____

TELEPHONE – (WORK) _____

E-MAIL _____

**PLEASE RETURN COMPLETED FORM AND THE \$95.00 PRIZE & HANDICAP FEE TO:
BRIARWOOD GC, 4775 WEST MARKET STREET, YORK, PA 17408**