

**BROOKHAVEN GOLF COURSE
LEAGUE AGREEMENT**

LEAGUE NAME: _____

LEAGUE CONTACT: _____

CONTACT ADDRESS: _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBERS: (W) _____ (C) _____

EMAIL ADDRESS _____

NUMBER OF PLAYERS _____

NUMBER OF WEEKS SCHEDULED _____

LEAGUE RATE _____

By signing this agreement, the league agrees to pay for all participants for all scheduled weeks.

Signature _____ Date _____