

REGISTRATION and PAYMENT POLICY

PRO Home Club _____
First Name and Last Name: _____
Address _____
City _____ State _____ Zip _____
Email _____
Mobile _____ Handicap Index _____ Golf Shirt Size _____
Single OR Double Hotel Occupancy _____ Arrival – Departure Dates _____

Player 1 Home Club _____
First Name and Last Name: _____
Address _____
City _____ State _____ Zip _____
Email _____
Mobile _____ Handicap Index _____ Golf Shirt Size _____
Single OR Double Hotel Occupancy _____ Arrival – Departure Dates _____

Player 2 Home Club _____
First Name and Last Name: _____
Address _____
City _____ State _____ Zip _____
Email _____
Mobile _____ Handicap Index _____ Golf Shirt Size _____
Single OR Double Hotel Occupancy _____ Arrival – Departure Dates _____

Player 3 Home Club _____
First Name and Last Name: _____
Address _____
City _____ State _____ Zip _____
Email _____
Mobile _____ Handicap Index _____ Golf Shirt Size _____
Single OR Double Hotel Occupancy _____ Arrival – Departure Dates _____

Registration Deadline, September 15th, 2014 along with full payment to:

Yale Stogel
THE SPORTS ALLIANCE
2 Hillcrest Drive
Briarcliff Manor, NY 10510

