



2025 League Registration Form – Team or Individual

League Night - _____

<p>Golfer 1 Name _____ Email _____ Phone _____ TOTAL:</p>	<p>Golfer 2 Name _____ Email _____ Phone _____ TOTAL:</p>
<p>Golfer 3 Name _____ Email _____ Phone _____ TOTAL:</p> <p>Alternate (if applicable) Name _____ Email _____ Phone _____</p>	<p>Golfer 4 Name _____ Email _____ Phone _____ TOTAL:</p> <p>Alternate (if applicable) Name _____ Email _____ Phone _____</p>

Using Private Cart: _____ If yes, owner name: _____

Dietary Restrictions/ Food Allergies: _____

10% if paid and registered prior to February 15th, 2025. Discount applied _____ Discount amount _____

TOTAL OWING: _____ Date Paid: _____ TOTAL Paid & Method: _____

Payment can be made via e-transfer to accounts@kingswoodgolf.ca. Alternate payments of cash, credit card or cheque, please email accounts@kingswoodgolf.ca