



**2018 League Registration:**

NAME: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PHONE: \_\_\_\_\_

CURRENT HANDICAP/AVG 18 HOLES SCORE: \_\_\_\_\_

**PAYMENT TYPE:**

**PRICE: \$189 + HST**

	CARD #	EXP	CVD
VISA:	_____	_____	_____
MASTERCARD:	_____	_____	_____
AMEX:	_____	_____	_____
OTHER:	_____	_____	_____
TOTAL		\$	_____

PLEASE RETURN THE COMPLETED FORM TO [andrew@royalwoodbine.com](mailto:andrew@royalwoodbine.com) or [roychan@royalwoodbine.com](mailto:roychan@royalwoodbine.com)

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_ RWGC: \_\_\_\_\_