



TWIN HILLS C.C

2024 MONDAY WALK UP LEAGUE APPLICATION

NAME _____ :

EMAIL _____ :

ADDRESS _____ :

PHONE # _____ :Existing GHIN# _____

Where do you keep your
Ghin?? _____

AMOUNT PAID: \$100 LEAGUE FEE _____ :
(League Fee with no GHIN owes \$60)
(\$15 if season pass holder & no GHIN)

MANAGER SIGNATURE _____ :

DATE _____ :

NOTES: