



TWIN HILLS C.C

2025 MONDAY WALK UP LEAGUE APPLICATION

NAME : _____

EMAIL : _____

PHONE # _____ :Existing GHIN# _____

Where do you keep your Ghin?? _____

AMOUNT PAID: \$105 LEAGUE FEE _____ x _____

(League Fee with no GHIN owes \$65)

(\$17 if season pass holder & no GHIN)

MANAGER SIGNATURE : **DATE** :

NOTES: