



**2024  
NORTHWEST GOLF LEAGUE**

Team #

**SIGN-UP FORM**

LAST NAME:  FIRST NAME:

ADDRESS:

CITY:  STATE:  ZIP:

EMAIL:

TELEPHONE:  GHIN #

(BEST # TO CONTACT YOU)

**SIGN-UP FORM**

LAST NAME:  FIRST NAME:

ADDRESS:

CITY:  STATE:  ZIP:

EMAIL:

TELEPHONE:  GHIN #

(BEST # TO CONTACT YOU)

	#1	#2
LEAGUE FEES	<input type="text"/>	<input type="text"/>
PAYMENT TYPE	<input type="text"/>	<input type="text"/>