

HOME OF THE **\$1,000,000 SHOOT-OUT**



FIRST NAME:	LAST NAME:	D.O.B:
EMAIL:	PHONE:	MOBILE:
ADDRESS:	CITY:	POSTAL CODE:
# OF YEARS PLAYED:	AVERAGE SCORE:	
PREFERRED STARTING TIME:	SWEATER SIZE:	

REGISTRATION FORM

- I AGREE TO ALLOW SUTTON CREEK GOLF CLUB TO CONTACT ME ABOUT COURSE NEWS & UPDATES.
- I GIVE SUTTON CREEK GOLF CLUB PERMISSION TO USE PHOTOGRAPHS OR VIDEOS TAKEN AT SUTTON CREEK GOLF CLUB FOR USE IN PROMOTIONS OR RELATED MARKETING MATERIALS.

PAYMENT INFORMATION – REGISTRATION WILL BE CONFIRMED BY EMAIL ONLY AFTER RECEIPT OF FULL PAYMENT

PAYMENTS CAN BE DROPPED OFF/MAILED TO 2135 COUNTY ROAD 12 ESSEX, ON N8M 2X6, OR FAXED TO 519.726.5713

- CASH CHEQUE PAYABLE TO: SUTTON CREEK GOLF CLUB VISA MASTERCARD

CREDIT CARD NUMBER: _____ EXP. DATE: _____

CARDHOLDER'S NAME: _____

CARDHOLDER'S SIGNATURE: _____

CALL TO REGISTER (519)726-6900

ASK FOR JEFF OR CORY