

Canyon Springs Men's Golf Association

2014 Registration Form

**MUST fill out all of the following information **

Name _____

Address _____

City/State _____

Zip Code _____

Home Phone _____

Work Phone _____

Email: _____

(Your Email address will not be disclosed to another party and will be used solely for the purpose of providing you with information about Canyon Springs Golf Association.)

GHIN #/Handicap _____

Twilight

Are you planning to play Twilight Yes ___ No ___

Do you wish to sponsor a team Yes ___ No ___

Fees

Amount Paid

IGA \$30 \$ _____

Men's Association \$35 \$ _____

*\$5.00 of all dues will go towards CS Junior Golf

Twilight \$35 \$ _____

Team Sponsorship \$75 \$ _____

Twilight Team Name: _____

TOTAL \$ _____



You must pay your dues prior to playing Twilight

Mail registration and check to:

Canyon Springs Golf Course

P.O. Box 5492

Twin Falls, ID 83303

or

Bring to **Opening Scramble** on

Sunday, April 6th.

If playing at the time of the Scramble make checks payable to Canyon Springs Men's Association

ATTENTION TEAM CAPTAINS:

Please list all of your players below

