



CLUB CONTACTS

CLUB NAME: _____ CLUB #: _____

HANDICAP CHAIRMAN:

Name: _____

Email: _____ Phone #: _____

DELEGATE:

Name: _____

Email: _____ Phone #: _____

INVOICE RECIPIENT:

Name: _____

Email: _____ Phone #: _____

PRESIDENT:

Name: _____

Email: _____ Phone #: _____

MEMBERSHIP DIRECTOR:

Name: _____

Email: _____ Phone #: _____

TOURNAMENTS/RULES CHAIRPERSON:

Name: _____

Email: _____ Phone #: _____