



12 weeks of league golf plus wind-up every Wednesday beginning May 17, 2017 League is a two player team format; cost is **\$350.00** taxes included per player **Starting times as early as 4:30 pm. 9-hole competition**

The 2017 Ladies Night will include the following:

- 9 holes of fun team and individual competitions throughout the season.
- Opening Day golf and appetizers (May 17/17).
- Includes league player's gift for each member.
- Weekly Dinner and Beverage Specials!
- Wind-Up Cocktail Party and Golf

Card Number

The league will consist of the first 40 (2-person teams) paid, priority given to 2016 participants until April 4/17. Single/Individual registrations will be accepted and matched up as they are received, where possible.

Registrations deadline date of April 4th; priority entry will be given to past year participants who register by the deadline. Please return registration forms via mail, fax (204-888-8001) or email <u>tuxedo@westerngolfmanagement.com</u> - complete with player info and payment information to confirm your team's spot this year. *New teams will be accepted on a first come first serve basis as space becomes available, please send form in to us - without payment - ASAP.* For additional information or questions please call the Pro Shop at 204.888.2867 ext. 3 or email <u>duncan@westerngolfmanagement.com</u>.

| League Registration | 1: | Tee Time Preference: (Indica | te 1st & 2nd choice) _ | 4:30 to 5:00 _ | 5:00 to 6:00 | 6:00 or later |
|-------------------------|----------------|--------------------------------|------------------------|----------------|--------------|---------------|
| Player One | | | | | | |
| Name | | | | | | |
| Address | | | | | | |
| City | | Postal | | | | |
| Phone (H) | | (W) | | | | |
| E-Mail | | | | | | |
| Payment: Credit Card Pa | lyments will b | e processed by April 15 or sen | d form with postdated | cheque. | | |
| Card Type: (Circle) | VISA | MASTERCARD | AM EXPRESS | | | |
| Card Number | | Expiry | Signa | ture | | |
| Player Two | | | | | | |
| Name: | | | | | | |
| Address: | | | | | | |
| City | | Postal | | | | |
| Phone (H) | | (W) | | | | |
| E-Mail | | | | | | |
| Payment: Credit Card Pa | yments will b | e processed by April 15 or sen | d form with postdated | cheque. | | |
| Card Type: (Circle) | VISA | MASTERCARD | AM EXPRESS | | | |

Expiry

Signature