

Team Members

Please enter information on each individual player:

Player 2

Name _____

Sponsoring Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone () _____

Handicap Index _____ maintained at Wintergreen? Yes No

(For those without a handicap maximum is 30 for men and 40 for women.)

If no, please provide club name and phone number where maintained

Name _____ Phone () _____

Player 3

Name _____

Sponsoring Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone () _____

Handicap Index _____ maintained at Wintergreen? Yes No

(For those without a handicap maximum is 30 for men and 40 for women.)

If no, please provide club name and phone number where maintained

Name _____ Phone () _____

Player 4

Name _____

Sponsoring Company _____

Address _____

City _____ State _____ Zip _____

Email _____

Home Phone () _____

Handicap Index _____ maintained at Wintergreen? Yes No

(For those without a handicap maximum is 30 for men and 40 for women.)

If no, please provide club name and phone number where maintained

Name _____ Phone () _____