		PTAINS GOLF COURS					
NAME	PHONE NUMBER						
EMAIL PLEASE CH	ECK TYPE OF APPLICATION	RENEWAL	NE	EW			
GHIN	U ARE A NEW MEMBER OF THE G NUMBER FROM ANOTHER COUR S, PLEASE GIVE US THAT NUMBER	SE?	OO YOU ALREADY	/ HAVE /	A		
	PLEASE IND	DICATE THE SERVICE	REQUESTED	<u>)</u>			
	MEN'S	18 HOLE HANDICAP S	ERVICE	\$	40.00		
	WOMEN	N'S 18 HOLE HANDICA	P SERVICE	\$	40.00		
	WOMEN	N'S 9 HOLE HANDICAF	SERVICE	\$	40.00		
	JUNIOR	HANDICAP SERVICE		\$	5.00		
	NON-MI	EMBER HANDICAP SE	RVICE	\$	60.00		
		SCHOLARSHIP FUNI	_	\$	10.00		a=
	S IS A FUND RUN BY MASS NTS WHO HAVE WORKED HAVE		SEVERAL YO	DUNG			
	***THIS FEE MA	Y BE INCLUDED WITH	I YOUR HAND	ICAP	FEE***		
	RECV'D BY	DATE	Д	MT PI	<b>D</b> .		7
							_

A GROUP FORMED TO SUPPORT PROGRAMS AND PURCHASE ITEMS THAT AREN'T NORMALLY COVERED WITHIN THE CAPTAINS OPERATING BUDGET. FUNDS ARE CONTROLLED BY THE FRIENDS ORGANIZATION. THIS DONATION IS TAX DEDUCTIBLE.

FRIENDS OF THE CAPTAINS

OTHER AMOUNTS \_\_\_\_\_\$25.00 \_\_\_\_\_\$50.00 \_\_\_\_\_\$100.00

\$ 10.00

\*\*\*THIS FEE MUST BE PAID BY SEPARATE CHECK MADE PAYABE TO:

"FRIENDS OF THE CAPTAINS"\*\*\*