

**Inver Wood Women's Club Registration Form**

MAKE CHECKS PAYABLE TO INVER WOOD WOMEN'S CLUB

Mail to: Pat Coleman 975 Winterberry Dr. Woodbury, MN 55125 Or email to [coleman.patricia24@gmail.com](mailto:coleman.patricia24@gmail.com)

**\_\_\_\_\_ Champ 9 \_\_\_\_\_ Executive 9 \_\_\_\_\_ Substitute ONLY**

Name Team Captain							
Address			City, State, Zip				
Phone (H) _____			Phone (Work/Cell) _____				
E-mail Address							
New to League: No		Yes		GHIN#			
Do you want to be on the Sub List: No		Yes		Championship	Executive		Both

Name Player 2							
Address			City, State, Zip				
Phone (H) _____			Phone (Work/Cell) _____				
E-mail Address							
New to League: No		Yes		GHIN#			
Do you want to be on the Sub List: No		Yes		Championship	Executive		Both

Name Player 3							
Address			City, State, Zip				
Phone (H) _____			Phone (Work/Cell) _____				
E-mail Address							
New to League: No		Yes		GHIN#			
Do you want to be on the Sub List: No		Yes		Championship	Executive		Both

Name Player 4							
Address			City, State, Zip				
Phone (H) _____			Phone (Work/Cell) _____				
E-mail Address							
New to League: No		Yes		GHIN#			
Do you want to be on the Sub List: No		Yes		Championship	Executive		Both