

HIDDEN CREEK SENIOR LEAGUE
2016 Application

NAME_____

(PLEASE PRINT)

MAILING ADDRESS_____CITY_____

STATE_____ZIP_____

TELEPHONE: HOME_____CELL_____

EMAIL_____

HANDICAP_____PREVIOUS GHIN#_____

Please return the application with the \$100.00 league fee.

Make check payable to: Passaconaway Country Club

Send to: Hidden Creek Country Club
17 Morgan Road
Litchfield, New Hampshire 03052