



South Jersey Golf Association

TEAM MATCH REGISTRATION FORM

Due Date: Friday, July 7, 2017

Cost: \$20.00 per team

TEAM NAME: _____

CAPTAIN: _____

PHONE: _____

E-MAIL: _____

TEAM NAME: _____

CAPTAIN: _____

PHONE: _____

E-MAIL: _____

DIRECTIONS:

- 1) Enclose \$20 Registration fee per team
- 2) Make check payable to "SJGA"
- 3) Write name of your club on front of the check
- 4) Mail this form and check by **July 7th** to:

Jeanne Leisner
South Jersey Golf Association
Attn: Team Matches
P.O. Box 884
North Cape May, N.J. 08204