



Women's League Application Form

Team Captain _____

Player #1 _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone: H _____ W _____

Player #2 _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone: H _____ W _____

Player #3 _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone: H _____ W _____

Player #4 _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone: H _____ W _____

Alternate #1 _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone: H _____ W _____

Alternate #2 _____

Address _____

City _____ State _____ Zip _____

Email _____

Phone: H _____ W _____

PLAYERS INTERESTED IN LEAGUE PLAY MUST INCLUDE LEAGUE REGISTRATION FEE. ONLY FOUR PLAYERS PER TEAM MUST PAY THE REGISTRATION FEE. ALTERNATE TEAM MEMBERS MUST PAY FOR A HANDICAP. PLEASE PRINT, FILL OUT AND BRING OR MAIL THIS FORM TO:

EAGLE VALLEY GOLF COURSE
2600 Double Eagle Lane
Woodbury, MN 55129
(651) 714-3750