

THE BULL GOLF CLUB 2023

NAME _____ ADDRESS _____

CITY _____ ZIP _____ PHONE _____

Email Address _____

Basic Dues-- includes WSGA Handicap-----\$125.00

Additional Handicap----- _____ X \$25.00 = _____

Additional (Spouse, children, etc.) Handicap First and Last Names(s);

If you have a WSGA handicap already (DEDUCT -) \$25.00 WSGA# _____

TOTAL PAYMENT \$ _____

Individual Match Play

Please indicate if you will be participating in the Club Match Play Tournament during the season. Participants have the option to play in the Club Championship, Senior or other flights based on participation. The Match Play Chairmen reserves the right to add/eliminate flights based on the numbers of players.

_____ Club Championship, no matter my Handicap (scratch) season long (elimination)

_____ First Flight Handicap

_____ Senior (Handicap) 65 & up

_____ Super Senior 9- hole double elimination (Handicap) 75 & up

_____ I do not want to participate

_____ 4-Ball-2man Best ball match play (season long elimination) names of team members

_____, _____ if you're not sure of your team yet I will be sending out a request by mid-May.

INCLUDED IN THIS APPLICATION IS A WSGA HANDICAP AND ALL ENTRIES TO THE 4 EVENTS WE WILL BE HOSTING DURING THE SEASON (if you already have a WSGA handicap you can deduct \$25 off the \$125.00)

YOU CAN DROP OFF THE APPLICATION FOR THE GOLF CLUB AT THE PRO SHOP ANY TIME DURING BUSINESS HOURS OR MAIL IT TO THE BULL AT PINEHURST FARMS , ATTENTION GOLF CLUB, 1 LONG DRIVE- SHEBOYGAN FALLS, WI. 53085 PAY BY CHECK, CASH OR CREDIT CARD PHONE # 920-467-1500 EXT. 1