PLAYER INFORMATION		
Full Name		
Age	Handicap (if known)	
Gender	○ Male ○ Female	
Home Address		
City	Postal Code	
Phone Number	Email	
REGISTRATION PACKAGE		
Fall Session (7 weeks Starting November 4)		
Winter Session (	(7 weeks Starting February 3)	
All 14 weeks of League Play		
Preferred Leagu	Monday Friday	Sunday 🗍
PAYMENT INFORMATION		
Select Your Registration Package: Payment Method:		
│	ssion Only: \$150+HST (7 weeks)	(Choose one)
		Credit/Debit Card (secure online
Winter Se	ession Only: \$150+HST (7 weeks)	payment link will be sent after submission)
☐ Both Se	essions (14 weeks): \$200+HST	Pay in Person (at Eagle Valley Golf
Si	imulator Fees:	Course)
<u>simulator r cos.</u>		
\$25/week, due on the day of play at Eagle Valley.		
Additional	Notes:	
Do you have any specific requests or needs we should be aware of?		
(e.g., preferred playing time, any schedule conflicts, handicap assistance)		
Consent and Waiver		
By submitting this form, I acknowledge that I am voluntarily registering for the Eagle Valley		
Indoor Golf League. I agree to abide by the league's rules and regulations, and I understand that participation is at my own risk. I also agree to receive communication about league		
updates, promotions, and offers from Eagle Valley Golf Course.		
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