



**SENIOR
MEN'S
LEAGUE**

SUMMER 2024 LEAGUE APPLICATION

FULL TIME LEAGUE MEMBERS

- I would like to be a regular member of the Tuesday Morning Senior Men's Golf League. I am enclosing a check for **\$90.00** which covers membership and event prizes.
- My Team Partner will be _____
- I will need a Team Partner. --- **Note: New full time members may be asked to play as a substitute until an EVEN number of 2 man teams can be formed up to 24 teams maximum.**

SUBSTITUTES

- I would like to be a substitute. I am enclosing a check for **\$35.00** to cover my membership.

HANDICAP

- I played in the league last season and will continue with that handicap.
- I am new to the league and need to establish a league handicap. To start my season, here is my estimated score for 18 holes of golf _____

Make your check payable to "**Kettle Moraine Senior Golf Club**" and mail it along with this form by **MARCH 6** to:

Kettle Moraine Seniors
323 Park Ave.
Pewaukee ,WI 53072

Name _____

Address _____

Email _____

Cell Phone _____ Home Phone (If preferred) _____

Emergency Contact _____

Birthday Including year _____