

CWGA CLUB TEAM CHAMPIONSHIP ENTRY FORM

To avoid paying a \$5 paper entry surcharge, visit www.COgolf.org or call 303-366-7888, 1-800-392-CWGA to register.

Location	Date	Fee	Entry Window
Red Rocks CC, Morrison	8/17	\$91.25/person <i>(cart included)</i>	8/3 to 8/10

- \$20 service charge per person for withdrawal from event prior to entry deadline.

CLUB NAME _____

"A" PLAYER

Enclosed is \$_____ for ____ 2009 Eisenhower-Evans Bag Tag(s) (\$10/tag).

Enclosed is a \$_____ donation to support the CWGA junior golf programs.

Name *(Please Print)* _____

Home Phone _____ **Cell Phone** _____

Address _____ **City** _____ **Zip** _____

GHIN # _____ **E-mail** _____

(if email address is listed, entry confirmation will be sent via email.)

"B" PLAYER

Enclosed is \$_____ for ____ 2009 Eisenhower-Evans Bag Tag(s) (\$10/tag).

Enclosed is a \$_____ donation to support the CWGA junior golf programs.

Name *(Please Print)* _____

Home Phone _____ **Cell Phone** _____

Address _____ **City** _____ **Zip** _____

GHIN # _____ **E-mail** _____

(if email address is listed, entry confirmation will be sent via email.)

"C" PLAYER

Enclosed is \$_____ for ____ 2009 Eisenhower-Evans Bag Tag(s) (\$10/tag).

Enclosed is a \$_____ donation to support the CWGA junior golf programs.

Name *(Please Print)* _____

Home Phone _____ **Cell Phone** _____

Address _____ **City** _____ **Zip** _____

GHIN # _____ **E-mail** _____

(if email address is listed, entry confirmation will be sent via email.)

"D" PLAYER

Enclosed is \$_____ for ____ 2009 Eisenhower-Evans Bag Tag(s) (\$10/tag).

Enclosed is a \$_____ donation to support the CWGA junior golf programs.

Name *(Please Print)* _____

Home Phone _____ **Cell Phone** _____

Address _____ **City** _____ **Zip** _____

GHIN # _____ **E-mail** _____

(if email address is listed, entry confirmation will be sent via email.)

By completing, signing, and returning this entry form, I verify that I have read and understand the policies and procedures set forth by the Colorado Women's Golf Association (CWGA) for this Championship and I assume all risks incidental to participation in this event and release the CWGA, its Board of Directors and Tournament Committee from all liabilities.

Signature of Player "A" _____	Date _____
Signature of Player "B" _____	Date _____
Signature of Player "C" _____	Date _____
Signature of Player "D" _____	Date _____

Entry Fee Total	\$ <u>365</u>	
<input type="checkbox"/> Eisenhower-Evans Bag Tag(s) Total	\$ _____ (\$10/tag)	
<input type="checkbox"/> CWGA Junior Golf Programs Donation Total	\$ _____	
<input type="checkbox"/> Total Enclosed	\$ _____	

For Office Use Only:	Date Received _____
Check # _____	<input type="checkbox"/> Online DB
Check # _____	
Check # _____	<input type="checkbox"/> TPP Online
Check # _____	

*Entry fee must accompany this entry. Make check payable to CWGA.
Mail to: CWGA, 5990 Greenwood Plaza Blvd., Suite 130, Greenwood Village, CO 80111.*