

TROON
CHALLENGE
2017

REGIONAL QUALIFYING TEAM ENTRY FORM- Yocha Dehe Golf Club July 16 9am Shotgun

Player One _____		Male _____	Female _____
Address _____		City _____	State _____ Zip _____
Phone _____	E-mail _____	Troon Rewards/Card # _____	
USGA Handicap # _____	Hcp Index _____	Home Course _____	
Player Two _____		Male _____	Female _____
Address _____		City _____	State _____ Zip _____
Phone _____	E-mail _____	Troon Rewards/Card # _____	
USGA Handicap # _____	Hcp Index _____	Home Course _____	
Pairing Request _____			
Regional Qualifying Site: _____		<i>Division: GROSS or NET (please circle one)</i>	
Team Entry Fee: _____		\$210 per team	
Payment Type: Mastercard / Visa / AMEX			
Credit Card Number: _____	Cardholder: _____	Exp Date: _____	
Entry Fees will be processed upon completion of this form. You may cancel at any time up until 5 days in advance of the tournament date (July 11). Please email entry forms to cmaki@cachecreek.com or you can fax in at 530-796-2365.			

Signature: _____

Today's Date: _____

Visit www.TroonChallenge.com for more information.

