



TURTLE CREEK GOLF
MEN'S NIGHT 2018 REGISTRATION

Name: _____

Address _____

Email: _____ Telephone: _____

Turtle Creek Golf Club Member Yes ☐ No ☐

Can we contact you by email Yes ☐ No ☐

Please return completed form to Turtle Creek Pro Shop or scan and send via email to james.ringler@turtlecreekgolf.ca

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