



**July 31st-August 1st, 2010
NORTH SHORE TEAM CHAMPIONSHIP
ENTRY FORM**

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____
EMAIL: _____
SHIRT SIZE: _____
HANDICAP: _____
CDGA#/GHIN#: _____ **INDEX:** _____
CREDIT CARD NUMBER: _____

PARTNERS INFORMATION

NAME: _____
ADDRESS: _____
CITY: _____ **STATE:** _____ **ZIP:** _____
PHONE: _____
EMAIL: _____
SHIRT SIZE: _____
HANDICAP: _____
CDGA#/GHIN#: _____ **INDEX:** _____
CREDIT CARD NUMBER: _____

**All players must have a verifiable USGA Index
Fax all information back to Andy DeSollar at 847-433-8720**

Payment of \$300.00 per team due by July 25th, 2010

