

# Blackberry Oaks Golf Course

## 2009 HANDICAP APPLICATION

(PLEASE PRINT THE FOLLOWING INFORMATION)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

ARE YOU RENEWING LAST YEARS HANDICAP? \_\_\_\_\_

IF SO, FROM WHAT GOLF COURSE? \_\_\_\_\_

GHIN # \_\_\_\_\_

CREDIT CARD # / EXP. DATE \_\_\_\_\_

IF YOU DO NOT HAVE A CURRENT HANDICAP, PLEASE LIST YOUR  
LAST FIVE SCORES AND PLEASE INCLUDE THE DATE, RATING AND  
SLOPE OF THE COURSE PLAYED AT.

SCORE \_\_\_\_\_

RATING \_\_\_\_\_

SLOPE \_\_\_\_\_

DATE \_\_\_\_\_

2009 HANDICAP APPLICATION FEE --- \$28.00

(MAKE CHECKS PAYABLE TO BLACKBERRY OAKS GOLF COURSE)  
(PHONE: (630) 553-7170 FAX: (630) 553-1578)

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