

Lac La Biche Golf Club

2-Day Fall Scramble

ENTRY FORM

Handicap

Team
Captain:

Player # 2

Player # 3

Player # 4

Contact Information

Name: _____ Phone: _____

Handicap Verification

CPGA Professional: _____ Phone: _____

Signature: _____ Date: _____

Please call the Lac La Biche Golf for more information or submit entries by mail to:

Lac La Biche Golf Club
Site 631 Comp 44 RR1
Lac La Biche AB T0A 2C1

Phone (780) 623 4288

Fax (780) 623 3513

Email: lancepalaruk@hotmail.com