



Registration Form Active Members

Member's Name: _____

Member's Facility: _____

Member's Guest's Name: _____

Playing golf? Yes _____ No _____ Number of players: _____

Hotel room? Yes _____ No _____

Additional Nights? _____ Yes _____ No (Additional nights @ \$155/night paid by member)

Which night? Thursday _____, Friday _____, Saturday _____

Dinner menus will be sent out after registrations are received.

Please complete the form above and email it to Lily Salkoff at: LCSALKOFF@GMAIL.COM .

Any questions please call Lily at 239-573-6725

ALL REGISTRATIONS NEED TO BE RECEIVED NO LATER THAN 8/14/17.

