



2020 LEAGUE APPLICATION

LEAGUE NAME: _____

President: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

Vice President: Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email: _____

League Day: _____ **Time:** _____

League Start Date (Includes Practice Dates: _____)

League End Date: _____ **# of Players:** _____

Date: _____ **Signature:** _____

Confirmed by Murrysville Golf Club:

League Day: _____ **Tee Time:** _____

Date: _____ **MGC Rep:** _____

**** This application does not guarantee day and time until signed by golf course representative****