



**Senior Player League
2009 Application**

Name _____
[PLEASE PRINT]

Mailing Address _____ City _____

State _____ Zip _____

Telephone: Home _____ Work _____

Email: _____ Fax: _____

Handicap: _____ Previous Ghin# _____

Please return the application with the \$90.00 league fee.

Make Check Payable to: Hidden Creek Country Club

Send to: Hidden Creek Country Club
17 Morgan Road
Litchfield, NH 03052



17 Morgan Road, Litchfield, NH 03052 • 603.262-9272 • Fax: 603.262.9275