

SENIOR LEAGUE  
2011 Application

NAME \_\_\_\_\_  
(PLEASE PRINT)

MAILING ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE: HOME \_\_\_\_\_ CELL \_\_\_\_\_

EMAIL \_\_\_\_\_

HANDICAP \_\_\_\_\_ PREVIOUS GHIN# \_\_\_\_\_

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

Make check payable to: Passaconaway Country Club

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