NIAGARA COLLEGE
GOLF TEAM REGISTRATION FORM

Name: _____ _____
First Last

Address: _____

City: _____ Province: _____ Postal Code: _____

Telephone #: _____ E-mail: _____

Club Affiliation: _____

Certification:
OGIN # _____ Handicap Factor:_____

Name of Club Pro: _____ _____
Print Signature

Player History:
List briefly your golf accomplishments in order of importance ie. Championships played in, won etc.

_____
Signature

Enclose registration fee and mail to Ray Sarkis, Athletic Director,
Niagara College, 300 Woodlawn Road, Welland, Ontario, L3C 7L3