

CADDYSHACKERS GOLF LEAGUE APPLICATION 2026

NAME: _____

ADDRESS: _____ CITY _____ ST _____ ZIP _____

PHONE: _____ EMAIL: _____

DATE OF BIRTH: ____/____/____

CHECK ONE

GOLD TEES: MUST BE 65 OR OLDER BY APRIL 06, 2026 _____

RED TEES: MUST BE 75 OR OLDER BY APRIL 06, 2026 _____

AVERAGE 9 HOLE SCORE: _____

9 HOLE HANDICAP: _____

NEW MEMBER: YES _____ NO _____

IF NEW, NAME OF REFERRING MEMBER: _____

CHECK ONE

LEAGUE FEES ONLY: \$89.00 _____

LEAGUE FEES PLUS SKINS: \$110.00 _____

MAKE CHECKS PAYABLE TO: **CADDYSHACKERS GOLF LEAGUE**
IF MAILING ENTRY, PLEASE MAIL TO:

JERRY SCHMIDT
5229 W. 300 N.
LA PORTE, IN 46350

OR DROP IN THE LEAGUE BOX AT THE GOLF COURSE

ALL ENTRIES MUST BE IN BY APRIL 6, 2026

