



League Application

League Contact: _____ **Phone:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Number of Golfers: _____ **League Type:** Fixed Time Flex/Variable

9 holes (2 Hours / Week) 18 holes (4 Hours / Week)

Desired Time(s) (if fixed, check atleast 3 options)

Mon	Tue	Wed	Thu	Fri	Sat	Sun
<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
<input type="checkbox"/> PM 1-5	<input type="checkbox"/> PM 1-5	<input type="checkbox"/> PM 1-5	<input type="checkbox"/> PM 1-5	<input type="checkbox"/> PM 1-5	<input type="checkbox"/> PM 1-5	<input type="checkbox"/> PM 1-5
<input type="checkbox"/> PM 7-11	<input type="checkbox"/> PM 7-11	<input type="checkbox"/> PM 7-11	<input type="checkbox"/> PM 7-11	<input type="checkbox"/> PM 7-11	<input type="checkbox"/> PM 7-11	<input type="checkbox"/> PM 7-11

League Name: _____

List the first and last names of all league members below:

Please submit this form by email using the button at the top or print and send by mail to:

Beyond Golf
12040 McDermott Plaza
Suite 330
La Vista, NE 68128