

## HOODKROFT SENIOR MEN'S LEAGUE APPLICATION

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

ARE YOU A HOODKROFT MEMBER? IF SO, CLUB # \_\_\_\_\_

**MEMBERSHIP TYPE (X): REGULAR \_\_\_\_\_ OR SUB \_\_\_\_\_**

NEW MEMBERS ONLY! AGE \_\_\_\_\_ HANDICAP \_\_\_\_\_

**NOTE: New members will become a sub unless we have a team opening.**

**MAKE YOUR \$40.00 CHECK OUT TO: HOODKROFT SENIOR**

**MEN'S LEAGUE. Mail to: Keith Mara**

**21 Markar St**

**Nashua, NH 03060**

**PLEASE NOTE: IF A REGULAR PLAYER MISSES TWO (2) WEEKS DURING THE SEASON WITHOUT REPLACING HIMSELF WITH A SUB , HE WILL BE REMOVED AS A TEAM MEMBER AND BECOME A SUB!!**