# 2023 RC Putters Registration Form

**Putter's Name:** _____

**Street Address:** _____

**City, State, & Zip:** _____

**Phone Number :** _____

**E-mail:** _____

**Emergency Contact Name & Phone #:** _____

**_____I approve having my contact information shared with the Putters membership electronically or by hard copy.**

**In order to remain a viable and vibrant club without paid staff, members share their time and talent for the operation of the RC Putters Golf Club. Please check areas where you have experience that would be beneficial to the club.**

**____Computer ____Communication ____Orgainzational ____Accounting ____Scholarship Committee**

| Description | Total Fee | Please Select | Amount |
|---|---|---|---|
| New Putter Membership (includes OGA $35) | $57.00 | _____ | $ _____ |
| Existing Putter Membership (includes OGA $35) | $55.00 | _____ | $ _____ |
| Spring Tournament: June 1-June 22 | $3.00 | _____ | $ _____ |
| Fall Tournament: August 24-September 14 | $3.00 | _____ | $ _____ |

***Below Fees Are Not Available After 4/1/2023:***

| | | | |
|---|---|---|---|
| Day's Play Fee ($1/wk X 27 wks)** | $27.00 | _____ | $ _____ |
| Chip-Ins Fee ($.25/wk X 27 wks)*** | $6.75 | _____ | $ _____ |

****If you don't play the weekly fee will not be deducted for days not played nor for days when establishing handicap.**

*****If you don't play, the weekly fee will not be deducted for days not played**

**Total Due $** _____

**Pay By 4/1/2023**

| *If paying by check, make check payable to:* | **OR** | *If Paying by VENMO, Send to:* |
|---|---|---|
| ***Rose City Putters*** | | ***@Anita-Anjoubault*** |
| ***Mail Form and Check to:***<br>***Anita Anjoubault***<br>***19815 SE 6th Way***<br>***Camas, WA 98607*** | | ***Email Completed Registration Form to:***<br>aanjoubault@yahoo.com |