



# SPRING SENIOR

## Scramble

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Age: \_\_\_\_\_

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Age: \_\_\_\_\_

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Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Age: \_\_\_\_\_

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Address: \_\_\_\_\_  
City, State, & Zip: \_\_\_\_\_  
E-mail Address: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Age: \_\_\_\_\_

Please complete this registration form and return with appropriate payment to  
Arlington Lakes Golf Club  
1211 S. New Wilke Rd  
Arlington Heights, IL 60005

Stop by the Golf shop we are open weekdays 9 am - 3 pm during the offseason!

Date Received by the Golf-Shop: \_\_\_\_\_

Total \$ Received: \_\_\_\_\_ Method of Payment:    Cash    Card    Check