



**DESTROYER PARK GOLF
7065 SAND HILL RD.
AKRON, NY 14001
716.442.5070**

WEDNESDAY NIGHT LEAGUE REGISTRATION FORM:

Please return as soon as possible (prior to the first day of league – third Wednesday in May)

Today's Date: _____

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact phone #: _____ Birthday: _____

Email: _____

Emergency Contact & any specific medical concerns: _____

League fee \$35: _____ CASH OR CHECK ONLY.

Check number: _____ Checks Payable to Destroyer Park Golf (*"League" in Memo line*)

I will abide by the rules and scoring of Park Golf as dictated by the IPGA (International Park Golf Association).

Signature

Date