



# COUNTRY CLASSIC

## PRO-AM APPLICATION FORM Seaforth Golf Club

### PLAYER CONTACT INFORMATION

**Player One Name:** \_\_\_\_\_  
FIRST MIDDLE LAST

**Address:** \_\_\_\_\_  
STREET APT. NO.

**City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### ADDITIONAL PLAYERS

**Player Two Name:** \_\_\_\_\_  
FIRST MIDDLE LAST

**Address:** \_\_\_\_\_  
STREET APT. NO.

**City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Player Three Name:** \_\_\_\_\_  
FIRST MIDDLE LAST

**Address:** \_\_\_\_\_  
STREET APT. NO.

**City:** \_\_\_\_\_ **Province/State:** \_\_\_\_\_ **Country:** \_\_\_\_\_ **Postal/Zip Code:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Cell:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### PAYMENT

Payment and enclosures to be received with this entry form: Cashier's cheque, VISA, MasterCard, Internation Draft, Cash, or Money Order in the amount of ~ '\$\$\$\$ FIUHY ZYY' '\$\$\$ YI HFU' per player in Canadian funds.

**If your team has a favourite player that you would like to play with, the cost to your team is \$100. Request honoured on pro availability and paid entrance.**

**Card Number:** \_\_\_\_\_ **Expiry Date:** \_\_\_\_\_

**Cardholder's Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

Send (or fax if payment is by credit card) payment and enclosures to:

**Seaforth Country Classic**  
 Box 997  
 Seaforth, ON N0K 1W0  
 Fax: 519-522-0122



You can also complete the form online at [www.seaforthcountryclassic.com](http://www.seaforthcountryclassic.com)