

REGISTRATION FORM FOR 2017 CARLETON OPEN

Thursday, June 15, 2017

Northfield Golf Club

*Name(s) 1. _____ 2. _____

Address _____

Number/Street/Apt # _____ City _____ State _____ Zip _____

E-mail _____ Phone(s) _____

*If you are a Carleton alumus/a indicate your class year after your name; e.g. '89

Tournament Fee: # of golfers ____ @ \$70.00 each (incl. golf, cart, & prizes) = \$ _____

Note: **If your registration will be postmarked April 20** Total = \$ _____

or earlier, you can discount the Total by 5%

Discounted Total = \$ _____

Send this form with your check (payable to Carleton College) or credit card information to:

Carleton College, Alumni Relations Office,

Attn: Aliza Ross,

One North College St., Northfield, MN. 55057

To pay by credit card: VISA/MC/Discover/AMEX (circle one)

Number: _____ Expiration date: ____/____/____

Signature: _____

Please provide all the following information for the golfers covered by this registration.

It will be used to form the teams, arrange them into flights, calculate team handicaps and assign players to tees that match their skill level. We will phone or e-mail you if the committee needs additional information.

	#1	Golfers	#2
1. Your USGA <u>index</u> from GHIN system OR	_____		_____
2. Your best score on a full sized 18 hole course last year	_____		_____
3. Approximate number of rounds you played last year	_____		_____
4. Women only: Do you wish to play as a couple (C) or with other women (W)?	_____		_____

I/we would like to play with the following people who know of this request and will be submitting registration forms for themselves:

Important Notes: Registrations will be processed on a first-come, first-served basis until the field is filled or until **June 1, 2017**. You will be notified if you are placed on a waiting list.

Questions? Contact Aliza Ross, Alumni Relations Office, 800-729-2586 (507-222-4554) or aross@carleton.edu.