



COYOTE CREEK LADIES GOLF ASSOCIATION

2025 SEASON

Name: _____ DOB: _____

Address: _____ City: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____

E-mail Address: (Must not be a shared email address used for handicap purposes per CGA)

Returning Member [] New Member [] GHIN Only [] GHIN# _____

What other clubs do you belong to : _____

You will be contacted once the form is received.

Tues. Afternoon 9 Hole League (Tee times begin at 1:30 no exceptions)

Membership Fees: \$90.00 includes GHIN (handicap)

GHIN only - \$55.00 No membership with CCLGA

Dues must be paid in full before you begin league play.

Paid Date: _____ Amt. _____ Ck # _____ Cash _____ Golf Genius _____