



# 2017 HUBBARD MEN'S GOLF ASSOCIATION

## HMGA

### MEMBER INFORMATION

NAME: \_\_\_\_\_ DATE PD: \_\_\_\_\_

GHIN NUMBER: \_\_\_\_\_ COURSE: \_\_\_\_\_

WORK EMAIL: \_\_\_\_\_

HOME EMAIL: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

#### PLEASE FILL IN PREFERRED T TIME RANGES:

1<sup>ST</sup> PREFERRED 1/2 HOUR BLOCK: \_\_\_\_\_ TO \_\_\_\_\_ PREFERRED T TIME: \_\_\_\_\_

2<sup>ND</sup> PREFERRED 1/2 HOUR BLOCK: \_\_\_\_\_ TO \_\_\_\_\_ PREFERRED T TIME: \_\_\_\_\_

3<sup>RD</sup> PREFERRED 1/2 HOUR BLOCK: \_\_\_\_\_ TO \_\_\_\_\_ PREFERRED T TIME: \_\_\_\_\_

**\*PLEASE DO NOT OVERLAP TIME RANGES\***

#### PLAYERS IN YOUR GROUP:

PLAYER 1: \_\_\_\_\_ PLAYER 2: \_\_\_\_\_

PLAYER 3: \_\_\_\_\_ PLAYER 4: \_\_\_\_\_

#### HMGA AGREEMENT

I WILL ABIDE BY THE USGA HANDICAPPING SYSTEM WHICH STATES THAT I AM RESPONSIBLE FOR POSTING CORRECTLY AND HONESTLY ALL ROUNDS PLAYED.

I WILL ABIDE BY THE USGA RULES OF GOLF.

I UNDERSTAND AND WILL ABIDE BY HUBBARD GOLF COURSE'S PACE OF PLAY POLICY WHICH IS DEFINED BY:

- A. 9 HOLES OF GOLF SHOULD NOT EXCEED 2 HOURS AND 6 MIN
- B. MY POSITION ON THE COURSE SHOULD BE DIRECTLY BEHIND THE GROUP IN FRONT OF ME

SIGNATURE: \_\_\_\_\_

Please fill out and return to the clubhouse with your Annual Membership payment of \$30