

2025 Nine-Hole Handicap Only Application Form
SaddleBrooke Lady Niners

DATE: _____

NAME (Please Print): _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

GHIN #: _____

CHELSEA #: _____

Annual fee is \$45 (January to December with no proration for a partial year).

Make check payable to *Saddlebrooke Niners*.

Please place this completed Application Form and your check in the Lady Niners drawer in the ProShop, located next to the ProShop computer. (ProShop staff can direct you.)

For questions, please contact Karla Kincaid:

kmkincaid@outlook.com

(727) 698-2262

APPROVED BY: _____

USGA ACTIVATION DATE: _____