

TEAM REGISTRATION/HANDICAP FORM  
THE 2009 ANN OLSEN GREATER DANBURY GOLF CLASSIC



TEAM SPONSOR/COMPANY NAME: \_\_\_\_\_

**Player #1:**Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
USGA GHIN #: \_\_\_\_\_ USGA Handicap Index on August 10, 2009 \_\_\_\_\_ OR My League Handicap is \_\_\_\_\_  
Club Name \_\_\_\_\_ Club City/State \_\_\_\_\_  
Club Phone ( ) \_\_\_\_\_  I do not have a USGA Handicap or a League Handicap.  
My five (5) most recent scores are as follows: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Player #2:**Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
USGA GHIN #: \_\_\_\_\_ USGA Handicap Index on August 10, 2009 \_\_\_\_\_ OR My League Handicap is \_\_\_\_\_  
Club Name \_\_\_\_\_ Club City/State \_\_\_\_\_  
Club Phone ( ) \_\_\_\_\_  I do not have a USGA Handicap or a League Handicap.  
My five (5) most recent scores are as follows: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Player #3:**Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
USGA GHIN #: \_\_\_\_\_ USGA Handicap Index on August 10, 2009 \_\_\_\_\_ OR My League Handicap is \_\_\_\_\_  
Club Name \_\_\_\_\_ Club City/State \_\_\_\_\_  
Club Phone ( ) \_\_\_\_\_  I do not have a USGA Handicap or a League Handicap.  
My five (5) most recent scores are as follows: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Player #4:**Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
Street \_\_\_\_\_ Email \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
USGA GHIN #: \_\_\_\_\_ USGA Handicap Index on August 10, 2009 \_\_\_\_\_ OR My League Handicap is \_\_\_\_\_  
Club Name \_\_\_\_\_ Club City/State \_\_\_\_\_  
Club Phone ( ) \_\_\_\_\_  I do not have a USGA Handicap or a League Handicap.  
My five (5) most recent scores are as follows: \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**ALL HANDICAP FORMS MUST BE RECEIVED BY SEPTEMBER 4, 2009**

Mail handicap forms to: Art Decko 2009, P.O. Box 1031, Orange, CT 06477  
Fax forms to: (203) 735-5108 **OR** Email information to: Art@ArtDeckoGolf.com  
For further info, call 203-735-7516. Additional forms available at [www.annsplace.org](http://www.annsplace.org)