

2024 EAGLE CREST RESORT
GHIN HANDICAP APPLICATION

NAME(S): _____

ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

EMAIL ADDRESS: _____

GHIN #: _____

Circle One: NEW APPLICATION RENEWAL TRANSFER*

*If this is transfer:

Previous Home Club _____

FEES: \$45 (ADULTS) JUNIORS UNDER 18 YEARS OF AGE – FREE*

*JUNIOR BIRTH DATE: _____

PLEASE ATTACH **CHECK** PAYABLE TO: **EAGLE CREST GOLF**

TURN IN AT THE RIDGE GOLF SHOP or MAIL TO:

EAGLE CREST GOLF

ATTN: KEVIN STORY Or CLINT O'NEIL

8300 COOPERS HAWK DRIVE

REDMOND, OR, 97756