Sota SnowBirdies Member Application

First Name: _____

Last Name: _____

Email Address: _____

Phone Number: _____

Member Sponsor: _____

Member Sponsor Email: _____

Teammate/Requested Teammate: _____

Team Name: _____

Handicap (USGA, GHIN, Etc.): _____

Bio about you and your golf game. This is optional, and will be included on the website:

_____

_____

_____

Acknowledgements:

By signing below, you are agreeing to participating in the ***Sota SnowBirdies*** summer scramble event each summer on a predetermined weekend, understanding that there are costs involved including but not limited to: Lodging, Golf Tee Time, Tournament Fees, travel costs, golf equipment, etc. Additionally, by signing below you are acknowledging that once a partner, and a team name have been chosen, this is the partner and team which you will participate with each and every year unless a team member leaves the league, or on an as-needed basis, substitutions are made in the event of a teammate not being able to participate in a given year. It is the responsibility of each member to clear their schedule to be able to participate in this event. Exceptions will be made for one year, where a partner may substitute for a non-member, where two consecutive years of not participating will result in removal from the league. Your signature indicates that you have read and understood and agree to all of the above information.

Signature: _____