



High School Golf League Membership Form



Please complete this form and make checks payable to Heather Downs Country Club.

Name: _____ **Birthdate:** ___/___/___

Address: _____

Phone#: _____

School: _____

Email: _____

Parents Name: _____

Emergency#: _____

Please send entries along with \$100 fees to:

**Heather Downs Country Club
3910 Heatherdowns Blvd.
Toledo, Ohio 43614**