



SHEAFFER MEMORIAL

SHEAFFER LEAGUE REGISTRATION FORM



**Please return this Registration Form and
payment to:**

**•SPIRIT•
HOLLOW**

Spirit Hollow Golf Course
5592 Clubhouse Drive
Burlington, Iowa 52601
319.752.0004

PLAYER #1 _____

EMAIL _____

PHONE _____

PLAYER #2 _____

EMAIL _____

PHONE: _____

THIS SECTION TO BE COMPLETED BY SPIRIT HOLLOW STAFF

PLAYER #1
Payment Type Credit | Cash | Check | Gift

Payment Amount _____

Date Received _____

Received by _____

Entered _____

PLAYER #2
Payment Type Credit | Cash | Check | Gift

Payment Amount _____

Date Received _____

Received by _____

Entered _____