

# 2025 Senior League Application

PLEASE WRITE LEGIBLY

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_ AGE \_\_\_\_\_

E MAIL **(REQUIRED)** \_\_\_\_\_

PREFERRED TEE TIME \_\_\_\_\_

PLAYING PARTNERS \_\_\_\_\_

**LEAGUE FEE & USGA HANDICAP FEE: \$60.00**

**LEAGUE FEE ONLY (IF PAID MEMBER OF MEN'S ASSC.) \$21.00**

**\*\*\*ALL MEMBERS MUST HAVE A USGA HANDICAP\*\*\***

**PLEASE MAKE CHECKS PAYABLE TO: ARMITAGE GOLF CLUB  
717-737-5344**

**SEND TO:  
ARMITAGE GOLF CLUB  
800 ORRS BRIDGE ROAD  
MECHANICSBURG, PA. 17050**