

**NIH 2010 GOLF LEAGUE REGISTRATION FORM**

NAME

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HOME PHONE (       )

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E-MAIL ADDRESS

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WORK ADDRESS STREET

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BUILDING

ROOM

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WORK PHONE (       )

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\_\_\_\_\_ **Yes, I am a Preferred Member of the R&W**

I will play in the (choose one):

\_\_\_ Competitive League A-Flight: Handicap of 0-10 (for 9 holes; i.e., USGA handicap of 0 - 20)

\_\_\_ Competitive League B-Flight: Handicap of 10-20 (for 9 holes; i.e. USGA handicap greater than 20)

\_\_\_ Non Competitive League (NC) Flight: Any handicap

I am a:

\_\_\_ **returning** member

\_\_\_ **new** member

**REGISTRATION DUES: \$20 (before 4/1/10) \$25 (after 4/1/10)**

**NOTE: COMPETITIVE A and B FLIGHT PLAYERS PLEASE SIGN THE FOLLOWING STATEMENT.**

I agree to play on average three (3) or more times per month during the 2010 NIH Golf League season.

I agree (signature)

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Please return the completed golf registration and waiver forms by April 14, 2010 to *Rona Hirschberg, NIH Golf League Secretary, 3101 New Mexico Ave. N.W. Apt. 544, Washington, DC 20016*, with your check payable to the *NIH Golf League*.