



**2007 SCORING SERVICES*
APPLICATION**

NAME: _____ EMAIL: _____

ADDRESS: _____

CITY/STATE/ZIP CODE: _____ HOME PHONE: _____

CELL PHONE (if applicable): _____ WORK: _____

EMERGENCY PHONE: _____ JACKET SIZE (unisex): S M L XL 2XL

_____ Yes, I am able to participate

_____ No, I am unable to participate.

RETURN YOUR APPLICATION BY OCTOBER 19

CIRCLE DAYS AVAILABLE: TUES WEDS THURS FRI SAT SUN
(minimum 4 days required)

*Scoring service volunteers will be scheduled as: scorer, scoring central, or added to the volunteer pool.

Please return work schedule along with volunteer fee of \$35.00 in the enclosed envelope as soon as possible.

Please make checks payable to the Century Club.

Work shifts will **NOT** be honored unless submitted with payment.
Thank you for your cooperation.