

Camarillo Springs Senior Golf

Member Contact Information

(Please fill out and Return)

Name _____ Phone (____) _____

Address _____

City _____ State _____ Zip _____

Date of Birth ____/____/____ Email address _____

Current SCGA Association # is _____

Current Index is _____

Please list other golf clubs that you are a member of:

1. _____ 2. _____

Helpful info about your preferences:

1. How long have you been playing Golf?
2. What types of competition do you like? Ex: Scramble, Best Ball, Individual Low Net etc.
3. What other courses do you play or recommend we visit?
4. What days of the week are you available to play?
5. What would you add or change about our club?
6. Any Suggestions for improving the Website?
www.camarillospringsseniorgolf.com

Drop off at the "Check in Table" and give to: Ed Romero