2026/27 LOTTERY FORM

****PLEASE COMPLETE INFORMATION BELOW****

Circle which league night you want to sign-up for

Monday ___ Tuesday___ Wednesday ___

Team Name _____

Name Player 1 _____

Email _____

Phone # _____

Name Player 2 _____

Email _____

Phone # _____

Name Player 3 _____

Email _____

Phone # _____

If you have any questions about league play, scoring or handicaps please contact Travis Relyea

travis.relyea@xgolfappleton.com