



WINDY HILLS GOLF 2008

RETURN FORM BELOW WITH PAYMENT

Name(s): _____
Street Address: _____
City, State, and ZIP: _____
Home Phone: _____ Cell or Work Phone (optional): _____
Type of Membership (circle one): Single Single/Cart Couples Junior Senior Senior/Cart
Amount Enclosed: \$ _____

Send form and payment to: Windy Hills Golf, 11200 State Route 374, Rockbridge, OH 43149