GLADE SPRINGS
Village

Request for Recurring Tee Times

Course: Woodhaven Stonehaven

Name of Group: _____

Day of the Week: _____

Time: _____

Number of Tee times: _____

Contact person: _____

Phone number: _____

*These tee time requests are for a minimum of 2 tee times.

Requests will be accepted by email (matt.felber@gladespringspoa.com) or in person at the Stonehaven starter house starting November 2nd at 12:00pm until November 16th at 12:00pm.

Do NOT write below this line.

Approved: _____

Date Received: _____

Entered in EZ Link: _____