## MSU FACULTY/STAFF/ALUMNI GOLF CLUB 2014 REGISTRATION FORM

Type of Membership					
Continuing Faculty/Staff orNew Faculty/Staff or SpouMSU Alumni	-				
NAME OF REGISTRANT: (ONE FORM PER REGISTRA					
Continuing Member:					
Did you play 6 or more events in 2014?YesNo; If yes, you must complete the Weekly Event Coordinator Section below.					
Any changes to last year's address, phone or email information:YesNo <i>If Yes, please indicate the changes</i> :					
Address:					
Phone: Home	Work	Cell			
Email:					
New Member:					
Faculty/Staff Spouse of Faculty/Staff MSU Alumnus					
MSU Department/Affiliation:					
Address:					
		Cell			
Email:					

MSU Alumni Member:						
Major and Year of Graduation						
Address:						
Phone: Hom	ne	_ Work	Cell			
Email:						
MAKE CHECKS FOR \$20 PAYABLE TO MSU FACULTY/STAFF/ALUMNI GOLF CLUB  MAIL TO: Bob Wenner Club Treasurer 5636 Bayonne Ave Haslett, MI 48840						
Weekly Event Tournament Coordinator (Continuing Members Only): Continuing members must complete this section if they played in six or more events last season.						
Please review the 2014 Tournament Schedule and select three different dates in rank order for which you are willing to be a coordinator. You should pick three dates in at least two different months of the season (note open play dates <b>do not</b> require a coordinator). If you do not complete this portion, you may be assigned a date.  You will be assigned to only one date.						
1 <sup>st</sup> choice da	ate:					
2 <sup>nd</sup> choice d	ate:					
3 <sup>rd</sup> choice date:						