

# 2018 APPLICATION

**Full Membership** \$120

(\$100 if paid by March 10, 2018)

**Limited Membership** \$80

(Play in 6 events max.)

Complete this form and return with payment to:

(make check payable to "Mulligan Tour Holdings LLC")

(or use the "Current" option)



**The Mulligan Tour Holdings LLC**

**PO Box 530097**

**Livonia, MI 48153-0097**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

e-mail: \_\_\_\_\_

(required)

I do hereby agree to abide by the Rules and Regulations of the Mulligan Tour (as described on the Mulligan Tour website found at [www.themulligantour.com](http://www.themulligantour.com)) and, furthermore, will not hold liable the Mulligan Tour LLC, Mulligan Tour Holdings, LLC or any of its Managers for any injuries sustained while participating in golf tournaments sanctioned by the Mulligan Tour LLC and Mulligan Tour Holdings, LLC

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

(Optional) I would like to routinely play with the name above  
(Members must list each other to be considered playing partners)

\_\_\_\_\_  
If a current member referred you please print their name here