



BELMONT HILLS

COUNTRY CLUB

P.O. Box 219, St. Clairsville, Ohio 43950

Office (740) 695-2181 Fax (740) 695-3310

**49th Annual
Men's Member-Guest Invitational
July 6th – 8th, 2017**

Please make a check payable to: **“Belmont Hills Invitational”** for \$650.00 per team. A refundable \$100.00 deposit must accompany this entry form. **Applications and balance are due June 1st, 2017.** Please be sure to include your guest's name and address, and we will send tournament information and handicap verification directly to him. Get your reservation in early to assure your participation.

Member Name: _____

Member's Signature: _____

Guest Name: _____

Guest Address: _____

Guest Phone: _____ Guest Email: _____

Member of a Country Club? _____ If so, where? _____

Please let us know how many will be attending dinner on both Friday and Saturday evenings. Please Circle:

Member Friday Dinner 1 or 2

Guest Friday Dinner 1 or 2

Member Saturday Dinner 1 or 2

Guest Saturday Dinner 1 or 2

Amount Enclosed: \$ _____

Please Return to:

**Belmont Hills Country Club
ATTN: Ron Baker
P.O. Box 219
St. Clairsville, OH 43950**