



SENIOR RYDER CUP TEAM LIST



CLUB _____ YEAR _____

Players Name	Address	Postal Code	Phone Number
1			
2			
3			
4			
5			
6			
7			
8			

Alternates	Address	Postal Code	Phone Number
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			

NOTE: Team List to be submitted and received by the Secretary-Treasurer at least seven (7) days prior to the first scheduled event. Please include all players who played in the Qualifying Rounds. (Form #802 must accompany this form) FAX TO JIM PRICE
905-892-0681