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Ken Pridgen  
PGA  
Todd Rickenbach  
PGA  
John Stickle

# The John Caliendo

## SHORE WINTER GOLF LEAGUE

Endorsed by the NJPGA

Dear Member:

The JOHN CALIENDO SHORE WINTER GOLF LEAGUE will begin its 57th season on Thursday November 2, 2016 at Galloping Hill. If you plan to participate this year, please complete the application below the dotted line. Make the check payable to: **J.C.S.W.G.L.** Please mail the **application and a check for all Opening Day fees including skins** to Tim Macken, 20 Lee Drive, West Caldwell, NJ 07006-8111.

The initial fee structure is \$150 for new amateurs and new professionals. Returning amateurs and professionals pay \$85. Weekly fees are \$45 for amateurs and \$75 for professionals. Total opening day fees (including weekly fee) are \$195 for new amateurs and \$130 for returning amateurs. New professionals pay \$225 and returning professionals pay \$160. There will be optional skins games for an additional fee: \$5 for Amateur skins, \$5 for Senior skins (60+) and \$10 for the Open skins (played by amateurs and professionals).

*\*Please note our first event at Galloping Hill will be a tee time start. All players **must pre-register** for this event by sending in your application by the date of **October 19 with the following: yearly dues, daily entry fee, and any skins for the day.** No money will be exchanged opening day! **We will limit the field for the first event to the first 120 paid players; new members are allowed to play.** We will make every effort to provide new members with a starting time for the following weeks, however we cannot guarantee it. ALL members please visit our website [www.caliendogolf.com](http://www.caliendogolf.com) and read the rules page for tournament information, rules and regulations.*

November 2	Galloping Hill	908-241-8700
November 9	Royce Brook - West	(908) 904-0499
November 16	Copper Hill	(908) 782-0499

- PRO
  - AMATEUR
- CHECK BOX

**2017-2018 APPLICATION J.C.S.W.G.L.**  
MAKE CHECKS TO: J.C.S.W.G.L. MAIL TO TIM MACKEN  
20 Lee Drive, West Caldwell, NJ 07006

- NEW MEMBER
  - EXISTING MEMBER
- CHECK BOX

\_\_\_\_\_  
(LAST) (FIRST) (INITIAL) (AGE)

\_\_\_\_\_  
(ADDRESS) (STREET) (TOWN) (STATE) (ZIP)

\_\_\_\_\_  
(PHONE #) (WORK #) (CLUB AFFILIATION)

\_\_\_\_\_  
(MEMBERS OF GROUP) (E-MAIL ADDRESS)