



Reciprocal Tee Times Request Form

RRGC Member Name: _____

Golf Club Requested to Play: _____

Preferred Date (Day/ Month/ Year): _____

Preferred Time: _____

Alternate Time (If 1st Time Not Available) _____

Number of People: _____

Guest Names: 1. _____

2. _____

3. _____

Alternate Date If First Not Available: _____

Alternate Time If First Not Available: _____

Contact Email: _____

Contact Phone Number: _____

Please email your Reciprocal Tee Time Request form to the administrative assistant at office@royalregina.com
or bring it into the RRGC administration office.