



## Reciprocal Tee Times Request Form

RRGC Member Name: \_\_\_\_\_

Golf Club Requested to Play: \_\_\_\_\_

Preferred Date (Day/ Month/ Year): \_\_\_\_\_

Preferred Time: \_\_\_\_\_

Alternate Time (If 1<sup>st</sup> 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 [reception@royalregina.com](mailto:reception@royalregina.com) or bring it into the RRGC administration office.