



HARLINGEN
COUNTRY CLUB

2025 "QUE PASO" MEMBER-GUEST
REGISTRATION FORM

October 9-11

Office Use only

ENTRY NUMBER

Member Name: _____

Member # _____

Member E-Mail: _____

Member Cell: _____

THIS FORM MUST BE COMPLETELY FILLED TO GET ON THE ENTRY BOARD. NO EXCEPTIONS.

Return to the Harlingen Country Club Golf Shop as soon as possible. The field is limited.

ALL HANDICAPS MUST BE VERIFIABLE.

GUEST INFORMATION

Name: _____

Address: _____

City: _____

State: _____ Zip: _____

Home Phone: _____ Cell: _____

E-Mail Address: _____

Club: _____

Current Handicap Index: _____ GHIN #: _____

Golf Professional: _____

Golf Shop Phone: _____

Email Completed Entry to: golfshop@Harlingenccl.com