Adult Golf League



Wednesdays, May 11 - August 24, 2022

Tee times available every 10 minutes between 3:30-5:30 p.m.

- shotgun start for Eagles Landing at 5:00 p.m. -

(To reserve your group's tee times, contact Hunter to be added to the email list)

Open to: Ages 18 & older

\$35 per person/round

Payment will be due at check-in before your tee time each week.

Make checks payable to Worcester County







2022 Schedule

May 11, 2022	River Run	11605 Masters Lane - Berlin				
May 18, 2022	Eagles Landing	12367 Eagles Nest Road - Berlin				
May 25, 2022	Ocean City Golf Course – Seaside	11401 Country Club Road - Berlin				
June 1, 2022	Glen Riddle – War Admiral	11501 Maid At Arms Lane - Berlin				
June 8, 2022	Ocean City Golf Course – Newport	11401 Country Club Road - Berlin				
June 15, 2022	Lighthouse Sound	12723 St. Martin's Neck Rd.				
June 22, 2022	Eagles Landing	12367 Eagles Nest Road - Berlin				
June 29, 2022	Rum Pointe	7000 Rum Pointe Lane - Berlin				
	NO GOLF LEAGUE – 4th of July Holiday					
July 13, 2022	River Run	11605 Masters Lane - Berlin				
July 20, 2022	Lighthouse Sound	12723 St. Martin's Neck Rd.				
July 27, 2022	Glen Riddle – Man O' War	11501 Maid At Arms Lane - Berlin				
August 3, 2022	Rum Pointe	7000 Rum Pointe Lane - Berlin				
August 10, 2022	Ocean City Golf Course – Seaside	11401 Country Club Road - Berlin				
August 17, 2022	Lighthouse Sound	12723 St. Martin's Neck Rd.				
August 24, 2022	Eagles Landing	12367 Eagles Nest Road - Berlin				

For more information contact Hunter Nelson at 410-632-2144 x2506 or hnelson@marylandscoast.org

Adult Registration Form

Please use a separate registration form for each participant.

Worcester County Golf League 2022

Name:					
Address:					
City:				State:	Zip:
Male or Female	e Age:	Date of Birth:	E-mail:		
Please ch	eck here if you	would like to receive email ann	ouncements on futu	re programs from \	Norcester County Recreation & Park
Home Phone: _		I	Daytime/Cell Phon	e:	
Emergency Cor	ntact Name: _			Ph	one:
articipation in this program rogram. Acknowledgement ants. If your child has speci ent of Medical Treatment:	. I agree to indemnify of Ability: I am phys al needs, please notif I authorize medical tr	ically able and has sufficient training for par	court costs and attorney's fee ticipation in this program. (Wo 10.632.2144. We cannot guara or illness during the program	s, arising from that particip procester County is committee that your request will	pation. I understand the risks involved in this ed to providing reasonable accommodations to all p be met unless we are notified in advance.) Acknow
Participant's \$	Signature:				Date:
		Office	e Use Only		
Date:	Amount:_	Cash or Chec	k#In	itials:	Receipt #