



Admission application form for Wylihof seniors

Name und first name _____

Address _____

Zip and City _____

Tel. private _____

Tel. business _____

Mobile _____

E-Mail _____

Date of Birth _____

HCP _____

Member GC Wylihof since _____

Date _____

Signature _____

Please submit to Max C. Diggelmann, Chairman of the Seniors,
Obachpark 35, 4500 Solothurn / Natel 079 431 34 71

or directly to the Golfclub Wylihof office.