

# ENTRY FORM (one form per player)

<b>NAME</b>	
<b>ADDRESS</b>	
<b>CITY</b>	
<b>STATE/PROVINCE</b>	
<b>PHONE</b>	
<b>E-MAIL</b>	
<b>ROOMMATES NAME</b>	

<b>GHIN NUMBER or RCGA NUMBER or</b>	
<b>ASSOCIATION and PLAYER NUMBER</b>	
<i>Verifiable handicap required to qualify for prizes</i>	
<b>CLUB AFFILIATION</b>	

**MAXIMUM HANDICAP:** MEN 36      WOMEN 40

**Basic Package for Single Occupancy \$550**      \$ \_\_\_\_\_

**Shared Room for Double Occupancy \$400**      \$ \_\_\_\_\_

**Golf Only, No Accommodations \$275**      \$ \_\_\_\_\_

**Practice Round \$70**      \$ \_\_\_\_\_

**Guest Fee (Non-player) \$25**      \$ \_\_\_\_\_

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**Check Total**      \$ \_\_\_\_\_

**EXTRA NIGHTS** (PAY HOTEL DIRECTLY):  
(CIRCLE)

**Thursday 7/31/25** (CIRCLE)

**Sunday 8/6/25**

**Male / Female** (CIRCLE ONE)

**PLAY IT FORWARD???**

**YES** (CIRCLE)