CSRA WGA Stableford
Tournament Invitation

You are invited to play in the following CSRA WGA tournament:

Date: _____   Place: _____

Slope / Course Rating: _____   There is no index cut-off for this tournament, but players with a handicap conversion greater than 40 at this course must play to a 40 handicap.

Shotgun for this event is at _____.   Registration begins at _____, with a review of tournament rules 15 minutes before the shotgun. All tournament participants should be in their carts for the review of rules at that time.

The total entry fee is _____.   This includes $_____ for the cart fee, $6 for prizes and $1 for Memorial Cup funding. (CSRA WGA events no longer include lunch.)

This field is limited to _____ women.

Dress Code: Appropriate golf attire, no denim.

Each Club's Representative submits a completed entry form with a check covering her club's entries to the host club. The check should be made payable to: _____

and returned to the host club's representative: _____.

A copy of the entry form is given to the Tournament Chair.

The entry deadline is _____.

(Note: The host club may accept entries after the deadline, at its discretion. Contact your club's representative if you miss the deadline but want to see if there is still room.)

The tournament will use 100**%** of a competitor's course handicap, per USGA guidelines.

Cancellation Policy:

A full refund may be given if the cancellation is made at least one week prior to the tournament, or at the discretion of the host club. A refund of the cart fee only may be made if the host club's representative is notified of the withdrawal by 6:00 p.m. the day prior to the day of the tournament. No fees will be refunded after the tournament begins. This policy applies to all CSRA WGA tournaments.

CSRA WGA Stableford
Tournament Entry

Host Club: _____   Cost: $_____

Date: _____   Shotgun start: _____

Host Club's Slope/Rating: _____

Dress Code: Proper Golf attire, NO denim.

01. _____   11. _____

02. _____   12. _____

03. _____   13. _____

04. _____   14. _____

05. _____   15. _____

06. _____   16. _____

07. _____   17. _____

08. _____   18. _____

09. _____   19. _____

10. _____   20. _____

_____

CLUB NAME: _____   **DATE:** _____

REPRESENTATIVE: _____   **PHONE**: _____

☐ Put an X in this box if you have NO ENTRIES for this tournament and submit to the Host Club's Representative

Club Representative:
1. Check to be certain that all players listed have met the requirements set forth by the CSRA WGA.
2. Attach one check for all participants, and submit it to the host club, either at the Board Meeting immediately prior to this tournament or by mail. If you are mailing this entry, notify the host club's representative.
3. Make a copy of this form and give it to the Tournament Chairperson.

CSRA WGA Stableford Tournament Results

Give a copy to the Treasurer, Publicity and Handicap Chairman immediately after the tournament.

HOST CLUB: _____ **DATE**: _____

Club	# of Entries	# of WD/NS/NC	# of Players	# of Winners
Bartram Trail				
Cedar Creek				
Gordon Lakes				
Houndslake				
Midland Valley				
Mount Vintage				
The Reserve				
Rocky Branch				
Savannah Lakes				
West Lake				
Woodside Plantation				
TOTALS:				

50/50 or Closest to the Pin WINNERS	Amount
	$
	$

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CSRA WGA Stableford Tournament Results

Give a copy to the Treasurer, Publicity and Handicap Chairman immediately after the tournament.

		FLIGHT WINNERS	Club	Points
1st	First Place			
	Second Place			
	Third Place			
	Fourth Place			
2nd	First Place			
	Second Place			
	Third Place			
	Fourth Place			
3rd	First Place			
	Second Place			
	Third Place			
	Fourth Place			
4th	First Place			
	Second Place			
	Third Place			
	Fourth Place			
5th	First Place			
	Second Place			
	Third Place			
	Fourth Place			
6th	First Place			
	Second Place			
	Third Place			
	Fourth Place			
7th	First Place			
	Second Place			
	Third Place			
	Fourth Place			
8th	First Place			
	Second Place			
	Third Place			
	Fourth Place			

CSRA WGA Stableford Financial Report

This recap sheet should be filled out completely.
Give a copy to the <u>Treasurer</u> and <u>Handicap Chairman</u> by the next board meeting.

Host Club: _____   **Tournament Date**: _____

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ENTRY FEE FOR
THIS TOURNAMENT
$_____
(total amount)

$_____ = Facility or Cart Fee

$_____ = Luncheon price (if included)

$6.00 = Prizes

$1.00 = Memorial Cup Fund

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PRIZE MONEY DISTRIBUTION:

$6 times _____ (number of entries) =$_____ (total for prizes)

Allocation:
There are no field prizes, so 100% goes to flight prizes. Divide the total prize money by number of flights, then distribute that amount to each flight as follows, rounded to whole dollar, or reasonable amounts,

1st Place:	50%
2nd Place:	30%
3rd Place:	20%

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FINAL ACCOUNTING AND VERIFICATION:

Number of entries times $6 each = total prize money = $_____

Number of entries times $1 each = total Memorial Cup subsidy = $_____

Number of entries (_____) times facility or cart price ($_____) = total money = $_____

Number of entries (_____) times lunch price ($_____) = total lunch money = $_____

Money left from lunch, non-returnable facility or cart fees (no-shows, etc.) = $_____

Total monies received = $_____
(A)

Number of entries (_____) times entry fee ($_____) = $_____
(B)
(A) must equal (B)

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_____   _____
Host club representative's signature   Date