

# CSRA WGA Stroke Play Tournament Invitation



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

Date:	Place:	
Slope/Course Rating:	g:	
Stroke play uses 100	0% of a competitor's course handicap, per USGA დ	guidelines. There is no handicap
index cut-off for this t	tournament, but players with a handicap conversion	on greater than 40 at this course
must play to a 40 han	ndicap.	
Shotgun for this eve	ent is at Registration begins a	at, with a review
of tournament rules 1	15 minutes before the shotgun. All tournament pa	rticipants should be in their carts
for the review of rules	s at that time.	
The total entry fee is	s for	the cart fee, \$ for the
luncheon, (if one is i	included), \$7 for prizes, and \$1 for Memorial Cup	funding.
This field is limited to	o women.	
Dress Code: Appropr	oriate golf attire, no denim.	
Each club's represen	ntative should submit to the host club a completed o	entry form with a check covering
her club's entries. Th	he check should be made payable to	
The entry deadline is	S	
	y accept entries after the deadline, at its discretion. If a membe entative to see if there is still room to participate.)	er misses the sign-up deadline, she should

#### Cancellation Policy:

A full refund shall 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 48 hours prior to the start of the tournament. No fees will be refunded after the tournament begins. This policy applies to all CSRA WGA tournaments.



### CSRA WGA STROKE PLAY TOURNAMENT ENTRY FORM



Host Club:	Cost:		
Date:	Shotgun Start:	Host Club's Slope/Rating:	
	Dress Code: Appropriate gol	f attire. No denim.	
	( in this box if you have <b>NO EN</b> his form to the host club's repre		
01.	11.		
02			
03.			
04.			
05.			
06.			
07.			
08.	18.		
09.			
10.			
Club Name:		Date:	
Representative:		Phone:	

#### Club Representatives:

- 1. Check to be certain that all players listed above have met the requirements set forth by the CSRA WGA for participation in this tournament.
- 2. Attach one check for all participants and submit it to the host club, either at the board meeting prior to the tournament or by mail. If you are mailing this entry, notify the host club's representative.
- 3. Make a copy of this entry form and give it to the tournament chairperson.



## CSRA WGA Stroke Play Tournament Results



A copy of this results sheet is to be given to the treasurer and handicap chairperson within two weeks of the event.

Club	# of Entries	# of WD/NS/NC	# of Players	# of Winners
Bartram Trail				
Cedar Creek				
Eisenhower				
Houndslake				
Mount Vintage				
The Reserve				
Savannah Lakes				
West Lake				
Woodside				
TOTALS:				

_		Field Winners	Club	Score
	Low Gross:			
	Low Net:			
		Flight Winners	Club	Score
1st	Low Gross:			
	Low Net:			
2nd	Low Gross:			
	Low Net:			
3rd	Low Gross:			
	Low Net:			
4th	Low Gross:			
	Low Net:			
5th	Low Gross:			
	Low Net:			
6th	Low Gross:			
	Low Net:			
7th	Low Gross:			
	Low Net:			
8th	Low Gross:			
	Low Net:			

Closest-to-the-Pin Winners	Amount



## CSRA WGA STROKE PLAY FINANCIAL REPORT



Complete all information below and give a copy to the Treasurer within 14 days of the event.

Host Club:			Date:	
ENTRY FEE FOR THIS TOURNAMENT	\$	=	Facility or Cart Fee charge	
\$(Total Amount)	\$ \$7.00 \$1.00	=	Luncheon (if held) Prizes Memorial Cup	
,	1 41.00		Memorial Cup	
PRIZE MONEY DISTRIBUTION:  \$7 times (number of entri	es) = \$	(tot	al for prizes)	
Allocation:	,	- `	. ,	
10% of total prize money goes to lo	ow gross of the field		¢	
10% of total prize money goes to lo	_			
80% of total prize money goes to the remaining field				
Number of entrie  Number of entries times \$  Number of entries ( ) times facility or	each = total Memorial	Cup		
Number of entries ( ) times lunch price if applica	able (\$) = total	luncl	n money =	
Money left from lunch, non-returable	facility or cart fees (no	-sho	ws, etc.) =	
	Total mor	nies i	received =	
			(A)	
Number of entries ( _	) times entry fee	e (\$ _	) =	
			(B) (A) must equal (B)	
SUBMITTED BY:			(A) must equal (b)	
Host club representative's signature:	- <del></del>		<del> </del>	
Date:				