



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, \$7 for prizes and \$1 for Memorial Cup funding.

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:

This policy applies to all CSRA WGA tournaments.

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 within 48 hours prior to the start of the tournament.

No fees will be refunded after the tournament begins.



CSRA WGA Stableford Tournament Entry



Host Club: _____ Cost: \$ _____

Date: _____ Shotgun start: _____

Host Club's Slope / Rating: _____

Dress Code: Appropriate golf attire; No denim.

01. _____

11. _____

02. _____

12. _____

03. _____

13. _____

04. _____

14. _____

05. _____

15. _____

06. _____

16. _____

07. _____

17. _____

08. _____

18. _____

09. _____

19. _____

10. _____

20. _____



Put an X in this box if you have NO ENTRIES for this tournament and submit to the host club's representative

CLUB NAME: _____

DATE: _____

REPRESENTATIVE: _____

PHONE: _____

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



Copies of this information are to be forwarded to the Handicap
and Publicity Chairpersons within 14 days of the event closing.

HOST CLUB: _____

DATE: _____

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

Closest to the Pin Money Distribution:

Total Monies Received: \$ _____

Winner: \$ _____ Name: _____

Winner: \$ _____ Name: _____

Treasurer: \$ _____ for Memorial Cup fund

CSRA WGA STABLEFORD WINNERS



Place: _____

Date: _____

Number of Players: _____

FLIGHT WINNERS

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



Closest to the Pin Winners

Front:
Back:





CSRA WGA Stableford Financial Report



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

Host Club: _____ Tournament Date: _____

\$ _____ = Cart or Facility Fee

\$ _____ = Luncheon price (if lunch was included)

\$7.00 = Prizes

\$1.00 = Memorial Cup Fund

\$ _____ = **TOTAL ENTRY FEE FOR THIS TOURNAMENT**

PRIZE MONEY DISTRIBUTION:

\$7 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%**

FINAL ACCOUNTING AND VERIFICATION:

Number of entries times \$7 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)

(Host club representative's signature)

(Date)