CSRA WGA Stroke Play
<u>Tournament Invitation</u>

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, $_____ for the luncheon, $6 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.)

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Stroke play uses **95%** of a competitor's course handicap, per USGA guidelines.

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 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 Stroke Play
<u>Tournament Entry</u>

Host Club: _____   Cost: $_____

Date: _____   Shotgun start: _____

Host Club's Slope/Rating: _____

Dress Code: Proper Golf attire, NO denim.

01. _____

02. _____

03. _____

04. _____

05. _____

06. _____

07. _____

08. _____

09. _____

10. _____

11. _____

12. _____

13. _____

14. _____

15. _____

16. _____

17. _____

18. _____

19. _____

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

<u>Club Representative:</u>
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 Stroke Play 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:				

		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:			

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

Revised 3/2020

CSRA WGA Stroke Play 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

$6.00 = Prizes

$1.00 = Memorial Cup Fund

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PRIZE MONEY DISTRIBUTION:

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

Allocation:

➢ 10% of total prize money for low gross of the field...............$_____

➢ 10% of total prize money for low net of the field...................$_____

➢ 80% of total prize money for the remaining field........…......$_____

Divide the remaining prize money by the number of flights. Then divide that by 2 (1 gross and 1 net winner) to determine the amount for each of the flight prizes.

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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