



Golf Tournament Application

Name: _____
Last First MI

Address: _____

Day Time Phone Number: _____ Cell Phone Number: _____

Organization/Group Name: _____

Applicant's Affiliation with Organization: _____

This Tournament is to Benefit: _____

Date of Outing: _____ Requested Tee Time: _____

Estimated Number of Golfers: _____ Are you requesting a SHOTGUN start: Y N

(72 – 80 golfers are guaranteed a shotgun start)

I have read, reviewed and received a copy of the Hop Brook Golf Course Rules, Procedures and Tournament Policy and agree to follow them.

Applicant's Signature

Date

Received By: _____
Pro Shop Official

Date

FOR OFFICE USE ONLY:

Deposit Received Date: _____ Amount Received: _____ Initials: _____

Form of Payment: Cash _____ Check #: _____ Credit Card: _____

Date of Golf Commission Approval: _____

Final Payment Received Date: _____ Amount Received: _____ Initials: _____

Form of Payment: Cash _____ Check #: _____ Credit Card: _____