



# 13<sup>th</sup> LADIES INVITATIONAL

## Thursday June 20, 2019

### FORMAT

Two Person Teams – One Better Ball Flighted by Total Team Handicap Index. Field is limited to 96 players – 8 Flights. Palmer Course.

### SCORING

Teams will play gross in their own flight. Team indexes may not vary more than 8 shots, or an adjustment will be made.

### PRIZES

Awards are based on the size of the field and the number of flights. Bay Creek Gift Cards and the like will be issued to the winners.

### ENTRY

The Entry Fee is \$100.00 per player and includes tournament play, practice balls, tee gift, breakfast at The Coach House Tavern and Luncheon at They Oyster Farm after play.

### PRACTICE ROUND

There is an optional practice round available any time prior to the event for registered participants -\$40 per round.

### ACCOMMODATIONS

Bay Creek offers a variety of fully-furnished resort condominiums and homes. Most conveniently located to the Golf Clubhouse are the Fairways Village Condominiums. Each condominium has 3 bedrooms and 2 baths, with large living areas, full kitchens, private patios or balconies, garages, and access to the private pool. Our private beach is in walking distance from the Fairways Village. Please call 757.331.8750 for more information.

### TEES PLAYED

Flights 1-4 – GOLD TEES (5,195 yards) Flight 5-8 – RED TEES (4,000 yards)

To enter, please complete the form below and send with payment to:

Bay Creek Golf Club Attn: Joe Burbee, PGA

1 Clubhouse Way Cape Charles, VA 23310

FAX: 757.331.8639

Entry and Payment deadline is Monday, June 17, 2019. Payment can be made by Check or Credit Card.

*Payment by Check* - Please make checks payable to Bay Creek Golf Club and include with this form.

*Payment by Credit Card* - Please provide your credit card details below or call to charge by phone: 757.331.8620.

### PLAYER 1 INFORMATION

Name: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Club: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

GHIN # or Handicap Information: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

### PLAYER 2 INFORMATION

Name: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Club: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

GHIN # or Handicap Information: \_\_\_\_\_

Credit Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Office Use: E-Mail \_\_\_\_\_ GG \_\_\_\_\_ PD \_\_\_\_\_