

BCASWI PAC Golf Tournament **Registration**



Sept. 30th & Oct. 1st, 2020
Shadow Valley Golf Course

Limited to the first 96 players!



Door Prize Drawing - Must Be Present

- Check In Time will be your Tee Time.
- Tee Times will be assigned by golf course due to Covid
- **Tournament Fee \$95**
(Includes 18 holes, cart, range balls, lunch and beverages. Players must check in at the clubhouse!)
- **Minimum of one (1) BCA member per team**
- **Limit two (2) mulligans per person @ \$20 each**
- **Players must be registered and paid by Sept. 23rd.**

Refund Policy: It is the tournament Committee's intent to provide a great day of golf and friendship. Mother Nature can interrupt even the greatest of intentions. The primary purpose of this tournament is to raise BCASWI PAC funds to support industry friendly candidates to help fulfill the association's purpose - "Ensuring the responsible development of our Community". Therefore, if the weather does not cooperate, or there is a spike in COVID-19 cases, and golf is not possible on the date of the tournament, **NO REFUNDS WILL BE AVAILABLE.**

If you do not have a full team, PAC will place you on a team.
Payment must accompany this form.

Member Company _____

Player 1 _____
 handicap/avg. _____

Player 2 _____
 handicap/avg. _____

Player 3 _____
 handicap/avg. _____

Player 4 _____
 handicap/avg. _____

Rules

1. Four-person scramble format
2. Team advances to best shot
3. One score per hole per team
4. Minimum of 1 BCASWI member per team

Golf Hole Sponsors

Sponsors receive 3 month banner ad -
 Artwork due by Sept. 28th. Call for specs.

___ \$500 per hole # _____
 ___ \$400 tee # _____
 ___ \$250 green # _____
 ___ Additional PAC Donation \$ _____

___ \$1,000 Beverages
 ___ \$1,500 Lunch

Company name: _____

Address: _____

Contact person: _____ Ph #: _____

Payment

Make checks payable to BCASWI PAC

Check enclosed
 Charge to my: Visa Mastercard Discover
 Name on Card: _____
 Card Number: _____
 Exp. Date: _____ Vcode: _____ Zip Code: _____
 Registration: _____ at \$95 each
 Mulligans: _____ at \$20 each (only two per person allowed)
 Sponsorship: \$ _____ (from above)
 Total: \$ _____
 Signature: _____

E-mail your registration form to: ecovington@bcaswi.org
 For questions contact Emily at 208-377-3550.