

CONTESTS

Long Drives
(for men, women and seniors)

Closest to the Pin
(open to all)

Overall Championship*

Overall Runner-up*

Master's Championship*
(all players 55+)

**May only win one of these categories*



A company or individual wishing to donate prizes will be acknowledged in the official tournament brochure.



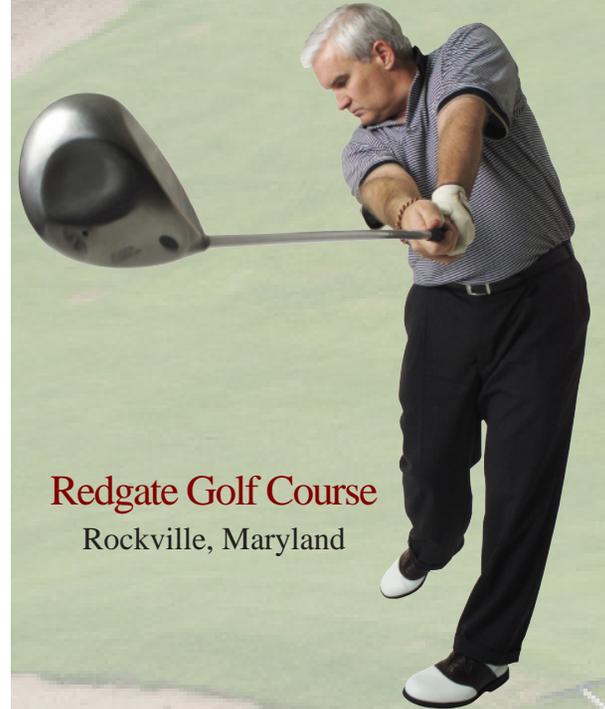
City of Gaithersburg
Department of Parks, Recreation and Culture
506 S. Frederick Ave.
Gaithersburg, MD 20877

City of Gaithersburg
301-258-6350

Spring Swing

Friday
May 2, 2014

8:30 a.m.
Shotgun Start



Redgate Golf Course
Rockville, Maryland

GENERAL INFORMATION



4 PLAYER SCRAMBLE

Limited to the first 30 foursomes.

**A limited number of foursomes are available.*

\$85 PER PLAYER

This includes: green fees, cart, door prizes, souvenirs and post tournament lunch at Elks Lodge, 5 Taft Court, Rockville.

*Pre tournament payment is required!
120 players guarantees exclusive use of the course.*

REGISTRATION

Registrations will be accepted beginning January 2, 2014

Fill out the application and mail with a check or Visa/MasterCard information to:

City of Gaithersburg
506 S. Frederick Ave.
Gaithersburg, MD 20877
or

fax your registration to
301-948-8364
by Friday, April 25, 2014

QUESTIONS?

Call Jim McGuire at 301-258-6350 x 122.

TOURNAMENT RULES

FORMAT:

Best Ball/Scramble

Team captain is designated on scorecard by asterisk.
Captain will select shot to be played.

●
Players may play their ball within two club lengths of the selected shot, but no closer to the hole.

●
On green, all players must putt from the same spot.
Do not putt out prematurely, let all players have turn.

●
Scorecard must be turned in to the Tournament Director at the Elks Lodge.

●
Women play from red tee, 55+ from white tee, men from gold tee.

●
Each player of the foursome receives one mulligan per nine holes.
Mulligans cannot be used for contests or on the green.

All proceeds will benefit the youth coaches education program.

REGISTRATION SPRING SWING 2014

PLAYERS IN FOURSOME

1. _____
Ph. # _____
2. _____
Ph. # _____
3. _____
Ph. # _____
4. _____
Ph. # _____

Indicate if team is all masters.

Contact _____
Address _____
City/State/Zip _____
Phone (Home) _____
Phone (Work) _____
E-Mail: _____

The City of Gaithersburg is committed to making reasonable accommodations as required by the American with Disabilities Act. Requests must be made prior to the start of the program. Please indicate what accommodations are needed:

Amount Paid \$ _____ Cash Check # _____
VISA/MC/DISCOVER # _____
Exp. ____/____
Name on Card (print) _____
Signature _____

OFFICE USE ONLY: #38617
 \$85 PER PLAYER REC'D _____
W M F
Pr: _____ RW _____