



CONTESTS

Long Drives
(for men, women and seniors)

Closest to the Pin
(open to all)

Overall Championship*

Overall Runner-up*

Master's Championship*
59+ (all players)

**May only win one of these categories*

50/50 RAFFLE RANDOM DRAWINGS AND DOOR PRIZES

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



Gaithersburg

www.gaithersburgmd.gov

301-258-6350

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

Spring Swing

Friday
May 6, 2016

8:45 a.m.
Shotgun Start



New Location
Poolesville Golf Course

16601 W Willard Rd
Poolesville, Maryland



GENERAL INFORMATION

4 PLAYER SCRAMBLE

Limited to the first 30 foursomes.

**A limited number of foursomes are available.*

\$90 PER PLAYER

This includes:
green fees, cart,
door prizes,
and post tournament lunch.

Pre tournament payment is required!

REGISTRATION

Registrations will be accepted beginning
January 4, 2016

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

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

fax your registration to
301-948-8364

by Noon on Friday, April 29, 2016

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.

•
Women and players 70+ play from red tee,
men play from green 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 2016

PLAYERS IN FOURSOME

1. _____

Ph. # _____

2. _____

Ph. # _____

3. _____

Ph. # _____

4. _____

Ph. # _____

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 Americans with Disabilities Act. Requests must be made at least three weeks prior to the start of the program. Please call 301-258-6350 to indicate what accommodations are needed.

Amount Paid \$ _____ q Cash Check # _____

VISA/MC/DISCOVER/AMEX Exp. ____/____

Name on Card (print)

Signature _____

OFFICE USE ONLY: # 43007

\$90 PER PLAYER REC'D _____

\$60 HOLE SPONSORSHIP W M F

Pr: _____ RW _____