



CONTESTS

Long Drives
(for Men, Women and Seniors)

(2) Closest to the Pin
(open to all)

Overall Championship*

Overall Runner-up*

Master's Championship*
(all players ages 60+)

*May only win one of these categories

50/50 RAFFLE RANDOM DRAWINGS AND DOOR PRIZES

We will happily acknowledge companies and individuals wishing to donate prizes in the official tournament brochure.



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



Friday, May 31, 2019
8:45 a.m. Shotgun Start
Poolesville Golf Course
Poolesville, Maryland



GENERAL INFORMATION

4 PLAYER SCRAMBLE

Limited to the first 25 foursomes.

\$90 PER PLAYER

Includes:

greens fees, cart, door prizes and post-tournament lunch.

Pre-tournament payment is required!

REGISTRATION

Registrations will be accepted beginning
December 1, 2018

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

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

fax your registration to
301-948-8364

by Thursday, May 23, 2019

QUESTIONS?

Call Jim McGuire at 301-258-6350

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 their turn.

•
Maximum Hole Score - Bogey

•
Scorecard must be turned in to the Tournament Director.

•
Women and players 70+ play from red tee, men play from gold tee.

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

All proceeds benefit the Youth Coaches Education Program.



REGISTRATION SPRING SWING 2019

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 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/AMEX

_____ Exp. ____/____

Name on Card (print)

Signature _____

\$90 PER PLAYER REC'D _____

\$60 HOLE SPONSORSHIP W M F

Pr: _____ RW _____

Activity #7157