

Weatherwane Golf Club

Golf Tournament Application

Tournament Name: _____

Main Contact Person Responsible For Tournament

Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Email Address: _____



Anticipated Number Of Golfers: _____

Anticipated Number Of Carts: _____ (ex 80 players will be 40 carts)

Desired Tournament Date: _____

Desired Day Of The Week: _____

Tee Time Preference: ____:_____

Shotgun Start Will Increase Tournament Per Player Price

Tournament Format: _____

On Course Games: (Closest To The Pins, Long Drive, Ect) _____

Tournament Fees:

Weekdays (Monday-Thursday)

9 Holes - \$44 (includes Golf & Cart)

18 Holes - \$84 (includes Golf & Cart)

Weekends (**Friday**, Saturday, Sunday & Holidays)

9 Holes - \$50 (includes Golf & Cart) *Prices Have Been Increased Because Its A Weekend

18 Holes - \$100 (includes Golf & Cart) *Prices Have Been Increased Because Its A Weekend

Please Complete This Form, Then Please Send This Form Accompanied By A \$100 Deposit Check To:

Weatherwane Golf Academy

306 Whiting Street

Hingham, Ma. 02043

- Proper Attire: Shirts w/sleeves & collars, Slacks or Shorts (please no cargo shorts)
- **Unacceptable** Attire: Tank tops T-shirts, **Jeans** or **denim** clothing
- Weatherwane Golf Club is not responsible for lost or damaged personal property

I have read the above contract and agree to abide by the rules and regulations indicated by Weatherwane Golf Club as stated above.

Signed: _____ Date: _____