

# LAKEVIEW GOLF & COUNTRY CLUB

## SAGEBRUSH COUPLES

PROSHOP: ( 509 ) 237 - 0322

JUNE 29TH ( SAT ) & 30TH ( SUN ) 2024

9 AM SHOTGUN

ENTRY DEADLINE: JUNE 24TH

( WITHDRAWAL FROM THE TOURNAMENT AFTER THE DEADLINE WILL RESULT IN LOSS OF ENTRY FEE )

**\$ 200 PER MEMBER**

**"COUPLES"**

**\$ 250 PER NON - MEMBER**

**2 PLAYER**

**CHAPMAN**

**FIELD DIVIDED**

**INTO DIVISIONS**

**ADDITIONAL**

**RAFFLE BASKETS**

( Lady's club fundraiser )

**KP & 50/50**

( 50/50 support HS Golf Team )

**CENTER DRIVE**

**ADDITIONAL**

**GROSS & NET SKINS**

**GROSS & NET HONEY POT**

**DUECE POT**



**ENTRY FEE INCLUDES**

**PRACTICE ROUND FRIDAY**

**RANGE BALLS ( SAT & SUN )**

**LUNCH ( SATURDAY & SUNDAY )**

**DINNER: SATURDAY**

**SATURDAY OPTION**

**9 HOLE EVENT**

**AFTER SAT ROUND**

**PAY FOR THIS AT COURSE**

**RV HOOKUPS**

**WITH**

**ELECTRICITY**

**\$ 40 NIGHT**

**LIMITED AVAILABILITY**

**GIMME PUTTS**

**MULLIGANS**

**SPECIAL HOLES**

**HOTELS**

**THE INN AT SOAP LAKE**

**SMOKIAM RV RESORT**

**BEST WESTERN RAMM**

**LAKEVIEW TOURNAMENT DIRECTOR**

**BEN BENSON**

**( 253 ) 732 - 4041**

**SAGEBRUSH DIRECTOR & HEAD PRO**

**VINNIE MURPHY**

**PROSHOP: 509-237-0322**

[vinnie@lakeviewgroups.com](mailto:vinnie@lakeviewgroups.com)

# LAKEVIEW GOLF & COUNTRY CLUB

**SAGEBRUSH COUPLES JUNE 29TH & 30TH 2024**

THIS FORM MUST BE COMPLETED WITH PAYMENT IN ORDER TO BE ADDED TO THE OFFICIAL TOURNAMENT ROSTER

## PLAYER 1

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME

COURSE: \_\_\_\_\_

GHIN NUMBER: \_\_\_\_\_

## PLAYER 2

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

HOME

COURSE: \_\_\_\_\_

GHIN NUMBER: \_\_\_\_\_

**CART RESERVATION \$ 30 / DAY**  
**( MARK WHICH DAYS YOU NEED A CART )**

FRIDAY:\_\_\_ SATURDAY:\_\_\_ SUNDAY:\_\_\_

**RV SPOT RESERVATION \$ 30 / DAY**  
**( MARK WHICH DAYS YOU NEED A RV SPOT )**

FRIDAY:\_\_\_ SATURDAY:\_\_\_ SUNDAY:\_\_\_

### PAYMENT OPTIONS

\*CREDIT CARDS --- CHECK ( received by JUNE 19th )--- CASH

\*( A \$ 10 PROCESSING FEE FOR EACH PLAYER IF PAYING WITH CREDIT CARD )

IF PAYING WITH CREDIT CARD: PLEASE FILL OUT THE FOLLOWING INFORMATION

CARD NUMBER: \_\_\_\_\_

EXP DATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ CVC: \_\_\_\_\_

WHO ARE YOU PAYING FOR?

**CIRCLE ONE**

PLAYER 1 / BOTH PLAYERS



### MAIL ENTRIES

[LAKEVIEW GOLF & CC](#)

[ATTN: SAGEBRUSH 2024](#)

19547 GOLF CLUB ROAD

SOAP LAKE, WA 98851

### EMAIL ENTRIES

[vinnie@lakeviewgroups.com](mailto:vinnie@lakeviewgroups.com)

### LAKEVIEW PROSHOP

509-237-0322