



Sun Valley Golf Course
192 South Highway W
Elsberry, MO 63343
(573) 898 - 2641
info@sunvalleygc.com
www.sunvalleygc.com

MEN'S THURSDAY NIGHT GOLF LEAGUE 2020

- League:** Find a partner and sign up to play weekly in an organized 2-Person Scramble Team Match Play Golf League with Handicaps. Limited to the first Paid 32 Teams. This league is designed for beginner and experienced golfers wanting to meet new people and play fun golf. Players should be able to play in 2 hours. Each week your team will play against another 2-Person Team for points. The total points accumulated for each half of the season and the end of the season playoff will determine the league winners. Please plan on playing each week. If you cannot play, please make arrangements to have a substitute fill your spot. It is your responsibility to find a sub. If you cannot find one, please call the pro shop and ask for the names on the sub list.
- Dates:** The League starts Thursday, April 16th and plays every Thursday through September 10th. Players will shotgun start every week at 5:00pm.
- Meeting:** A league meeting will be held on April 9th at 5:00pm for all league members to attend. We will discuss league events and rules and hand out schedules for the season.
- Cost:** The cost to join the league is \$60.00 per person. This includes two Fun Night steak dinners, league handicap services, and end of the season cash awards for point standings. The Weekly Greens Fee is \$20.00 per person plus \$2.00 for Closest to the Pin events.
- Join** "No Green Fees" Membership at Sun Valley Golf Course and pay no Green fees for 2020.
- The Beast:** The cost for a 5 Day Membership is \$149 and 7 Day Membership is \$249 plus tax.

Men's Thursday Night Golf League 2020

#1: First Name: _____ **Last Name:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____ **Email Address:** _____
Address: _____ **City:** _____ **Zip:** _____
Date Paid: _____ **Payment Amount:** _____ **Employee Initial:** _____

#2: First Name: _____ **Last Name:** _____
Home Phone: _____ **Cell Phone:** _____
Work Phone: _____ **Email Address:** _____
Address: _____ **City:** _____ **Zip:** _____
Date Paid: _____ **Payment Amount:** _____ **Employee Initial:** _____

****Registration form must be completed and turned in with \$60.00 per person to be registered for the league.**