



Sun Valley Golf Course
 192 South Highway W
 Elsberry, MO 63343
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 www.sunvalleygc.com

MEN'S TUESDAY NIGHT GOLF LEAGUE 2025

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 30 teams. This league is designed for beginner and experienced golfers wanting to meet new people and play fun golf. Each week your team will play against another 2-Person Team for points. The total points accumulate will be paid out at the end of the season in cash. Please plan on playing each week. If you cannot play, please make arrangements to have a substitute fill your spot.

Dates: The league starts Tuesday, April 8th and plays every Tuesday through September 23rd. Players will shotgun start every week at 5:00pm.

Meeting: A league meeting will be held on April 1st at 5pm for all league members to attend. We will discuss league events and rules, as well as hand out schedules for the season.

Cost: The cost to join the league is \$90.00 per person. This includes steak dinner at end of season, league handicap services, and end of the season cash awards for point standings. The Weekly Greens Fee is \$24.00 per person plus \$2.00 for Closest to the Pin events for gift card winnings. Optional weekly skins game of \$2.00 per player is paid out in cash. **2024 League members have until February 28th to sign-up, then open registration begins.**

Join **Beast Membership** at Sun Valley Golf Course available, pay no Green fees for 2025.

The Beast: The cost for a 5 Day Membership is \$349 plus tax, and a 7 Day Membership is \$449 plus tax.

Men's Tuesday Night Golf League 2025

#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 \$90.00 per person to be registered for the league.**