

4th Annual Docs CARE Golf Scramble



Presented by: **M & I** A part of **BMO Financial Group**



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Team Entry Form

Mission Inn Resort & Club, Friday, April 20, 2012
Registration starting at 7:15 a.m. ♦ Shotgun Tee Time, 8:00 a.m.

Entry Fee: \$400 per Team or \$100 a person ♦ Early Bird (by March 20, 2012) \$350.00

Make Checks to: We Care of Lake County

Mail Form and Entry fees: We Care of Lake County, P. O. Box 1069, Tavares, FL 32778

Format: A best ball scramble format will be played. The best drive of the group will be selected. From this point all players will complete the hole with their own ball. 50% of handicaps will be used. One low net and one low gross will make up the team score.

Applications will not be accepted without payment. Early bird deadline March 20, 2012.
Entry deadline is April 15, 2012.

Golf attire required. Shirts must have a collar and no denim/blue jeans allowed.

Sponsor Team Name: _____ **Team Captain**

Name _____ Telephone # _____
Address _____ City _____ State _____ Zip _____
Home Course & Phone # _____ **Handicap** _____

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Address _____ City _____ State _____ Zip _____
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Tournament Committee will review all handicaps and adjust if necessary.

I understand and agree that if, in the judgment of the Tournament Director, or his designee, adverse weather conditions or other occurrences or conditions beyond the control of the sponsor of the event, the event may be canceled, as deemed appropriate by the organizers; and, the sponsors will have no obligation to refund any portion of the entry fee remitted herewith by reason of any such cancellation.

Team Captain Signature: _____ Date: _____

