



Tampa Bowl Scramble
Sunday, January 31st, 2021
 Deer Valley Golf Course
 8:00 am Tee Times



Entry Fee: Applicable Green Fee + \$45 for RCSCW members.

Non-members of RCSCW, \$105 (includes all fees except cart) **Cash/Check only - Checks payable to RCSCW.**
 Must pay \$45 / \$105 entry fee at time of signup to be considered registered for this event.

Entry Fee Includes: Prizes, range balls, tee gift, bottled water & light snack.

Attire: Show your NFL loyalty by wearing your favorite team gear! Prizes for best dressed.

Entry Deadline: Entries **MUST** be received at the Golf Operations* office by 3:00 pm Friday, January 22, 2021. Limited to the first 100 paid entrants (50 teams).

Eligibility: Resident of RCSCW or non-resident 55+ years of age. **Must have current USGA Handicap.**

Format: Eighteen-hole two-person team scramble event. Flights for Men, Women & Coed teams. The team handicap will be based on lowest handicap on the team. Flights will be based on the lowest handicap index on the team. It would be best for the players to have similar handicaps. Gross and Net Prizes will be awarded. **Handicap Indexes dated January 21st will be used.**

Prizes: Prizes will be awarded in the form of RCSCW gift cards.

Hole in One Contest: \$5000 cash for the first Hole-in-One on hole #17

Refunds: Will be granted only if request is made 48 hours or more prior to event starting time.

For more information contact: Mike Williams at 623-544-6555
 michael.williams@suncitywest.com
 Golf Operations Department - Pebblebrook GC
 18836 N. 128th Ave. Sun City West, AZ 85375

Complete form below and return to Golf Operations

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Player #1: _____ RCSCW Member or Public Player #: _____ (if applicable)

Favorite NFL Team: _____ E-mail: _____

GHIN Number: _____ Phone # _____

Player #2: _____ RCSCW Member or Public Player #: _____ (if applicable)

Favorite NFL Team: _____ E-mail: _____

GHIN Number: _____ Phone # _____

Men's Flight: **Women's Flight:** **Co-ed Flight:** **Cart Needed: (circle one) Yes / No**

FOR OFFICE USE ONLY

Date W/D: _____ Picked up entry fee: _____

Name: _____ Amount Total: _____ Cash Check #: _____ Date Received: _____ Staff Member: _____

Name: _____ Amount Total: _____ Cash Check #: _____ Date Received: _____ Staff Member: _____