



“Bye Bye Bermuda” Two-Person Best Ball



Saturday, September 16th, 2023
Pebblebrook GC
7:30 am Shotgun Start

Cost: Applicable Green Fee + \$45 for each RCSCW Member.

Non-members \$85 – (All fees included)

Must pay entry fee at time of signup to be considered registered for this event.

Cash/Check only. Checks payable to RCSCW.

Entry Fee Includes: Tee gift, lunch, range balls, drink ticket, prize money and entry into hole in one contest. *Optional \$10 cash team skins game*

Entry Deadline: Entries **MUST** be received at the *Golf Operations* office by 3:00 pm Friday, September 8th. Limited to the first 100 paid entrants / 50 Two-person teams.

Eligibility: RCSCW member or non-resident 55+ years of age.

Current USGA GHIN handicap required.

Handicap indexes dated September 8th will be used.

Format: Eighteen hole four-ball, stroke play event. Men’s and Women’s flights only. Two-person team play as partners, each playing their own ball. Record each player’s gross score for each hole (if one partner fails to complete the hole there is no penalty).

Maximum difference between partners needs to be 5.0 strokes or less.

Handicaps: 85% handicap allowances for four-ball format.

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

Gross and Net prizes awarded in each flight.

Hole in One Contest – \$5,000 Cash for the first hole in one.

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

For more information, please contact: Brian Turczyn
(623) 544-6555 or brian.turczyn@suncitywest.com

Golf Operations Office - Pebblebrook GC

7am – 3pm Monday thru Friday

18836 N. 128th Ave. Sun City West, AZ 85375

Complete form below and return to Golf Operation

Two-Person Best Ball September 16th, 2023, Pebblebrook GC

Player #1: _____ RCSCW Member #: _____

E-mail: _____ GHIN # _____

Player #2: _____ RCSCW Member #: _____

E-mail: _____ GHIN #: _____

Men’s Flight:

Women’s Flight:

Cart Needed: (circle one) Yes / No

FOR OFFICE USE ONLY

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

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