

**SAN MARCOS HIGH SCHOOL GOLF TEAM ALMUNI
GOLF TOURNAMENT**



DATE: August 26, 2017

TIME: Check-In August 27 from 7:45-8:45
9:00AM Shotgun Start

PLACE: Quail Creek Country Club Golf Course
2701 Highway 21
San Marcos, TX 78666

FORMAT: - **Team Handicap Scramble**

- Teams may consist if all men, all women, or combination of both
- All former Rattler Players, Coaches and Community Members welcome

ENTRY FEE: **\$90.00/player (\$360/team of 4)** (includes: green fees, cart, Antigua Tournament shirt, tee gifts, driving range, and catered dinner)

**Entry Form and \$360 CHECK OR MONEY ORDER
Due August 4, 2016**

**Make Check or Money Order to: SMHS GOLF BOOSTERS
Mail to: Mel Callender
4107 Oak St.
San Marcos, TX 78666**

CANCELLATION POLICY:

1. If golf tournament is canceled due to weather or other events, player will receive a 90% refund (administrative fees).
2. If player cancels, 72-hour notice is required to receive 50% of entry fee
3. If player is a "no-show", all fees are non-refundable.

EXTRA GUEST DINNERS:

(ONE MEAL TICKET PROVIDED PER PLAYER, INCLUDED IN TOURNEY ENTRY)
EXTRA DINNERS **NOT** AVAILABLE FOR PURCHASE THE DAY OF THE TOURNEY

NUMBER OF EXTRA DINNERS @ \$15/dinner _____ = \$ _____

NOTE: A MEDICAL RELEASE FORM AND PHOTO RELEASE FORM MUST BE SIGNED BY EACH PLAYER

PLAYER 1: _____ **YEARS PLAYED AT SMHS** _____

PLAYER EMAIL: _____ PLAYER PHONE: _____

HOME ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____ SHIRT SIZE: _____

PLAYER 2: _____ **YEARS PLAYED AT SMHS** _____

PLAYER EMAIL: _____ PLAYER PHONE: _____

HOME ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____ SHIRT SIZE: _____

PLAYER 3: _____ **YEARS PLAYED AT SMHS** _____

PLAYER EMAIL: _____ PLAYER PHONE: _____

HOME ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____ SHIRT SIZE: _____

PLAYER 4: _____ **YEARS PLAYED AT SMHS** _____

PLAYER EMAIL: _____ PLAYER PHONE: _____

HOME ADDRESS: _____

BUSINESS NAME: _____

BUSINESS ADDRESS: _____

BUSINESS PHONE: _____

EMERGENCY CONTACT: _____

PHONE: _____ SHIRT SIZE: _____