

CLUSTERED SPIRES GOLF COURSE

Pro Shop 301-600-1295



2021 Clustered Spires Golf Association

The Association fee of \$50.00 includes the following:

- Membership to the Middle Atlantic Handicap Program (active from March 15th to Nov.15th)
- Bi-weekly, Saturday morning tournaments (April through October)
- Awards and potential entry into the Year End Championship Tournament
- For tournament purposes, member must be 14 yrs. old or maintain a maximum handicap of 36

Name _____
(Please print legibly)

Phone (Home/Work) _____ (Cell) _____

E-mail _____

All the above information needs completed; new contact lists are being created this year.

•IMPORTANT TOURNAMENT INFORMATION•

In order to participate in an upcoming 2021 scheduled tournament, a signup sheet will be made available two weeks prior. An entry fee (credit card only) will be **required** at sign up time. Tee times for tournaments cannot be taken by phone unless the entry fee has already been paid. This fee goes toward prizes and does not include green and/or cart fees. To allow us enough preparation time, please remember to sign up at least two days before any tournament, at which time, registration will be closed. Furthermore, if you are unable to participate in a tournament that you have registered for, your entry fee will not be refunded.

Tournament Pace of Play- In accordance with Rule 6-7 Note #2: The tournament committee has established a tournament pace of play of a maximum 4 hours 30 minutes to complete a stipulated round of 18 holes. A penalty of 2 strokes will be assessed to all players in the group not completing a round in the stipulated time or if a group does not hand in their scorecards within 15 minutes of the previous group.

The Tournament Committee has the ultimate authority to adjust a handicap index under any circumstance that it feels necessary to do so. USGA Handicap Manual 8-4c

By signing this, I hereby agree to abide by the stipulated rules and regulation set forth by Clustered Spires and The Tournament Committee.

SIGNATURE _____ DATE _____

PAYMENT _____ EMPLOYEE _____ GHIN # _____