



2018 REGIONAL GOLF TOURNAMENT CONTRACT

Dates of Tournament must be week of April 23- 26, 2018

Host Course:		
Course Address:		
Par:	Yardage:	Course Rating:
Golf Professional/Tournament Director:		
Phone:		Email:
Date(s) of Tournament:	Report Time:	Tee-Off Time:
Green Fee (<i>tournament</i>):	Cost For Range Balls (<i>if applicable</i>):	
Will Course Allow Extra Day For Rain:	Rainout Date(s) (<i>if applicable</i>):	
Practice Round Date(s) (<i>if applicable</i>):		Green Fee (<i>practice round</i>):

Can the course provide the following the day of the event:

- Course Professional
- Official Starter
- Official Scorekeeper/Scoreboard
- Complimentary Golf Cart For Each School's Head Coach
- Complimentary Golf Cart For LHSAA Tournament Director
- Lightning Detector

Comments: _____

Professional/Tournament Director Signature: _____ Date: _____

LHSAA Executive Director Signature: _____ Date: _____

Please submit this form to LHSAA Tournament Director Adam MacDowell at AMacDowell@lhsaa.org.