2017 CHANTICLAIR TUESDAY NITE GOLF LEAGUE KICK-OFF & REGISTRATION LETTER

Registration:	Either: Register at Chanticlair Golf Course (537-3223): Tuesday April 4, 11, 18 or 25 from 3:00 to 5:30PM <u>OR</u> Mail your completed Registration Form included at the bottom of this letter to Garry Rehr (Address below) with Check (\$60); <u>Check Payable to</u> : <u>Tuesday Night Golf League</u> .		
Registration Fee:	\$60/year; Includes: Weekly Tournament Fees, Season Ending Cook-out & Your \$10 "No Show Fee". The "No Show Fee" is held by "The Course" and WILL be refunded at year's end UNLESS you fail to properly cancel <u>OR</u> show up for your scheduled tee time.		
Tournament Play:	1st Nite:Tuesday April 4th (informal "practice play" earlier if course is open)		
Weekly Format:	Same as previous years. A different tournament each week. The season schedule is listed below. Individual prizes (Gross/Net/Closest-to-Pin/Etc.) will be up for grabs each week. Just reserve your tee time with "The Course" for play between 3:00-5:30PM. You can play with whomever you please. At the end of your round, make sure that the SIGNED/ Attested scorecard (First & Last Names for all players) is placed in the "Scorecard Box" at the Cash Register.		
Cook-Out Tourney:	Current plans are for a 4:45<u>PM Shot-gun</u> start for the Tournament with the Cook-Out for all under the tent at the course immediately following the golf. This Tournament is scheduled for August 15th (Rain Date: August 22rd).		
Questions:	Call: Garry Rehr – 537-2524 <u>or</u>	Mail: Garry Rehr 33 Esther Lane Colchester, CT 06415	
Score-cards (at a		USGA Handicap, last year's Tuesday Nite League 1 Nite League Handicap can be determined for 2017 handicaps are determined.	
2017 Tournament Sc	hedule: (* Denotes White Tee's to be	Played)	
April 4* Gross/Net 11 Best 7-Hole 18* Gross/Net 25 Mulligan To (1 Mulligan - Ar	9 Gross/Net 16* Odd or Even Holes ourn. 23 Blind 4-Man Teams.	ne 6 Skins/Kickers 13* 3-Clubs + Putter 20 Gross/Net 27* Gross by Flight July 4 Red-White-Bl 11* Gross/Net 18 Blind 2-Man T 25* Odd or Even I	
Name:	e-mail Address:		
Street:	Phone No.:		
Town:	State: _	Zip:	