## **RESERVATION FORM**

GROUP/TOURNAMENT NAME	
EVENT DATE	
APPROXIMATE NUMBER OF PLAYERS (12 n	ninimum/60 minimum for shotgun start)
STARTING TIME	
TOURNAMENT TYPE	
<ul> <li>□ Monday full course shotgun start</li> <li>□ Monday half course shotgun start</li> <li>□ Wednesday full course shotgun start</li> <li>□ Wednesday half course shotgun start</li> <li>□ Friday full course shotgun start</li> <li>□ Friday half course shotgun start</li> <li>□ Tee Time Groups (min. 12 players. #1 tee start)</li> </ul>	
TOURNAMENT FORMAT	
TOURNAMENT COORDINATOR NAME	
Business phone	Cell phone
Email address	
□ \$260.00 DEPOSIT ENCLOSED ( <b>Due 2 w</b> e advance	eeks from the date of this notice) finalize 7 days in
I HAVE READ AND UNDERSTAND THE ACC	OMPANYING POLICIES AND PROCEDURES.
SIGNED	DATE

PLEASE MAIL OR EMAIL THIS PORTION ALONG WITH YOUR \$260.00 DEPOSIT TO:

ATTN: KENT MCCOMB Bountiful Ridge Golf Course 2430 S. Bountiful Blvd. Bountiful, UT 84010 Email: kmccomb@bountiful.gov

Please Remember to Make a Photo Copy for Your Own Records