



Sun Valley Golf Course
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 Elsberry, MO 63343
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NEW MEN'S WEDNESDAY NIGHT GOLF LEAGUE 2024

League: Find a partner and sign up to play weekly in an organized **2-Person Stroke Play Match Play** Golf League with Handicaps. Limited to the first paid 30 teams. This league is designed for beginner and experienced golfers wanting to meet new people and play fun golf. Players should be able to play in 2 hours. Each week your team will play against another 2-Person Team for points. The total points accumulated for each half of the season will be paid out at the end of the season in cash. Please plan on playing each week. If you cannot play, please make arrangements to have a substitute fill your spot. It is your responsibility to find a sub. If you cannot find one, please call the pro shop and ask for the names on the sub list.

Dates: The league starts Wednesday, April 10th and plays every Thursday through September 18th. Players will shotgun start every week at 5:00pm.

Meeting: A league meeting will be held on April 3rd at 5pm for all league members to attend. We will discuss league events and rules, as well as hand out schedules for the season.

Cost: The cost to join the league is \$85.00 per person. This includes two Fun Night steak dinners, league handicap services, and end of the season cash awards for point standings. The Weekly Greens Fee is \$23.00 per person plus \$2.00 for Closest to the Pin events. New this year, we will pay the weekly closest to the pin out in gift cards good for golf, pro shop items, food and beverages. They do not expire. Optional weekly skins game of \$2.00 per player is paid out in cash

Join "No Green Fees" Membership at Sun Valley Golf Course and pay no Green fees for 2024.
The Beast: The cost for a 5 Day Membership is \$329, and a 7 Day Membership is \$429 plus tax.

NEW Men's Wednesday Night Stroke Play Golf League 2024

#1: First Name: _____ **Last Name:** _____
Cell Phone: _____ **Email Address** _____
Address: _____ **City:** _____ **Zip:** _____
Date Paid: _____ **Payment Amount:** _____ **Employee Initial:** _____

#2: First Name: _____ **Last Name:** _____
Cell Phone: _____ **Email Address:** _____
Address: _____ **City:** _____ **Zip:** _____
Date Paid: _____ **Payment Amount:** _____ **Employee Initial:** _____

****Registration form must be completed and turned in with \$85.00 per person to be registered for the league.**