

Crowne Plaza Lake Placid

30,000 sq. ft. Meeting Space
MacKenzie's Restaurant
Great Room Bar
Indoor Pool & Whirlpool
Fitness Room
Business Center



CROWNE PLAZA®
LAKE PLACID

Lake Placid Club

2 Championship Golf Courses
Pristine Nine & Driving Range
Tennis & Beach Club
Cross-Country Ski Center
Golf House Restaurant
Boat House Restaurant
Residential Properties

**Canadian ~ American Team Challenge Cup
Tournament Application**

Name of town and or Golf Club team represents: _____

Team Captain name*: _____
Phone: _____
E-mail: _____
Fax: _____

Handicap Coordinator name* from home course: _____
Phone: _____
E-mail: _____

Please list pairings for 1st day Scramble matches. Each pairing may not have a combined handicap of less than 16.

	Name	Name	Total Hdcp.
1 st pairing	_____	_____	_____
2 nd pairing	_____	_____	_____
3 rd pairing	_____	_____	_____
4 th pairing	_____	_____	_____

Please list pairings for 2nd day Four ball (best ball) matches. Each pairing may not have a combined handicap of less than 16.

	Name	Name	Total Hdcp.
1 st pairing	_____	_____	_____
2 nd pairing	_____	_____	_____
3 rd pairing	_____	_____	_____
4 th pairing	_____	_____	_____

Day 3 is individual match play.

The lowest handicap team will be the first pairing and will be matched up accordingly to other first pairings. Keep in mind handicap play will be in effect and the field, depending on the number of teams, will be flighted.

The highest score allowed to win a hole is a triple bogey. Once you are four over par the hole is over.

Team applications must be submitted by April 7, 2017 and will be taken on a first come, first serve basis. There is a maximum of 20 teams in 5 divisions. We cannot guarantee early tee times for Sunday for anyone. As divisions finish, we will do the awards presentation.

If you have any questions please do not hesitate to call me at 518-523-2556 ext. 452 or Laurie Spotts at 518-523-2556 ext. 455. We look forward to having a great tournament.

Sincerely,

**Arthur Lussi
Tournament Director**

OVER

Complete this registration form and FAX or mail to the Crowne Plaza Resort & Golf Club. A deposit of \$100.00** per room booked is required by **April 7, 2017**, this may be done with a major credit card or by sending a check. The **3-night package rate of \$466.00** per person is based on 2 persons in a standard double room. This rate includes 3 nights lodging, a minimum of 3 rounds of competitive golf (including cart), 2 dinners (Friday, June 16th & Saturday, June 17th), free golf with cart on Thursday, June 15th, 3 breakfasts, golf bag storage at the Pro Shop and all tax and gratuity. Add \$164.83 to the package rate for single occupancy.

The Team must include 8 players with a combined handicap of not less than 60 and not more than 180. Current **USGA handicap cards** will be required for all players at the Tournament registration desk. One person must be identified as Team Captain*.

Tournament Date: June 15, 2017 - June 18, 2017

Room #	Name	Address	E-mail	(circle one) golfer or non	Handicap	Credit Card #	Exp. Date
1*	_____	_____	_____	golfer or non	_____	_____	_____
1	_____	_____	_____	golfer or non	_____	X _____	Sig.
2	_____	_____	_____	golfer or non	_____	_____	_____
2	_____	_____	_____	golfer or non	_____	X _____	Sig.
3	_____	_____	_____	golfer or non	_____	_____	_____
3	_____	_____	_____	golfer or non	_____	X _____	Sig.
4	_____	_____	_____	golfer or non	_____	_____	_____
4	_____	_____	_____	golfer or non	_____	X _____	Sig.
5	_____	_____	_____	golfer or non	_____	_____	_____
5	_____	_____	_____	golfer or non	_____	X _____	Sig.
6	_____	_____	_____	golfer or non	_____	_____	_____
6	_____	_____	_____	golfer or non	_____	X _____	Sig.
7	_____	_____	_____	golfer or non	_____	_____	_____
7	_____	_____	_____	golfer or non	_____	X _____	Sig.
8	_____	_____	_____	golfer or non	_____	_____	_____
8	_____	_____	_____	golfer or non	_____	X _____	Sig.

**Cancellations must be received 30 days prior to arrival or deposit will be forfeited.