



SUN HILLS GOLF COURSE
TOURNAMENT REGISTRATION

Registration Form

Please complete the information below and return from via fax, mail or email.

Tournament Name _____

Date Requested for Event _____

Name of Tournament Coordinator _____

Coordinator's Phone# _____ **Alt.#** _____

Coordinator's Email _____

Coordinators Signature _____

Starting Format: Shotgun ___ **Tee Times** ___ **Modified Shotgun** ___

Starting Time Requested _____

Number of Players anticipated _____ **9 Holes** ___ **18 Holes** ___

Driving Range Yes No (additional \$2 per player)

Food and Beverage - Breakfast ___ **Lunch** ___ **Dinner** ___ **Other** ___

Rental Clubs ___ **How many** ___ **Right Hand** ___ **Left Hand** ___

Closest to the Hole ___ **Hole #** _____ **Men** ___ **Women** ___

Long Drive ___ **Hole #** _____ **Men** ___ **Women** ___

Mail to: Sun Hills Golf Course, PO Box 1709, Layton Ut. 84041

Email: info@sunhillsgolf.com

