



2010 Competitive Travel League

Format: This is a competitive tournament type league that will follow all USGA rules. Each outing is designed to practice tournament style golf with winners at each course during the season as well as overall winners at the conclusion of the season. Winners for the 2010 season will be based on total **net** score using your **best** 4 net scores and will be announced at the Sept 25th outing. The Sept 25th outing is not part of the competition.

Target audience: Golfers with a verifiable handicap index of 32.0 or less at the time of registration. Other players with higher handicaps are eligible to play provided they can keep pace. All players (including subs) must have a handicap. Players are responsible for finding a suitable substitute. (See separate flyer for sub rules).

Cost: **Players must select and play a minimum of 4 courses to be eligible for prizes. Other individuals may select as many courses as they wish to play; however priority registration will be given to those individuals who select the minimum of 4 courses. All players must include full payment with registration including the \$45 prize/league fee. Space is limited to 16 players per course.**

<i>Date</i>	<i>Time</i>	<i>Course</i>	<i>Location</i>	<i>Select</i>	<i>Cost</i>
Sun April 18	11:00 am	Scotland Run GC	Williamstown, NJ		\$78
Sat May 15	11:30am	Neshanic Valley GC	Neshanic Station, NJ		\$60
Sat June 19	1:30pm	Whitetail Golf Club	Bath, PA		\$39
Sun July 11	11:00am	Cream Ridge Golf Club	Cream Ridge, NJ		\$49
Sat Aug 7	2:00pm	Royce Brook-East	Hillsborough, NJ		\$75
Sat Sept 11	2:00pm	Sea Oaks Golf Club	Little Egg Harbor, NJ		\$55
Sat Sept 25	TBD	TBD	TBD	TBD	TBD

TOTAL _____
LEAGUE FEE \$45 _____
GRAND TOTAL _____

Questions: Contact Nancy Schiliro@732-246-8037 or email at: nunzia19@aol.com
Return this form for the Travel League with your check payment by **April 9, 2010**
THERE WILL BE NO REFUNDS AFTER THIS DATE

NAME _____ HOME TEL# _____
EWG# _____ (Required) ALTERNATE TEL# _____
ADDRESS _____
EMAIL _____ HANDICAP _____ GHIN/GLMS(Please circle)

MAKE CHECK PAYABLE TO: **EWGA OF CENTRAL NJ**

Mail to: Nancy Schiliro, 37 Chestnut Circle, Somerset, NJ 08873

