



Indian Hill Country Club

Ladies Four-Ball Tournament

Friday and Saturday

July 7 & 8, 2017

Format: Better Ball, match play, six team round robin format. Each team will play five matches within their own flight, three Friday and two Saturday. Prizes will be awarded to the two top teams in each flight. Ties for either place will be decided by sudden death playoff Saturday. Flight prizes will also be awarded for high-points Saturday. All flights will play their matches at 75% handicaps, stroking off the low ball in the match.

Handicap: All teams will be “flighted” by total team Handicap. The differential between playing partners handicaps will be a MAXIMUM of Six strokes. If the handicap differential is greater than six, then the HIGHER partner’s handicap will be adjusted downward to the six stroke differential. All players must have an active USGA Handicap with at least 6 scores posted in 2017.

Food & Beverage: Included in the entry fee will be sponsored breakfast & grilled lunch on Friday and a box lunch on Saturday. The grill room in the lower level of the clubhouse will be available on a cash basis for optional dining and cocktails.

Practice Round: Practice Rounds are available Monday-Thursday all day and Saturday/Sunday after 1:00pm, based on availability. Cart Fee only will apply to four-ball registered guests. To schedule a practice round, you must call the Indian Hill CC Golf Shop at (860) 666-5447 and speak with Wayne Smyth or
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All registrations should be received by June 23rd. The field will be limited to 72, first come first served. Teams will be waitlisted upon fulfillment of flights.

Please send completed 2-Person Team entry form and a check for \$350 payable to:

“Indian Hill County Club”, Golf Shop C/O IHCC Ladies Four Ball, 111 Golf Street, Newington, CT 06111.

Additional information will be provided upon registration. Other questions, email: fourball@ihccgolf.com

Player 1 Name: _____ GHIN #: _____
Address Street: _____
City: _____ State _____
Email: _____ Cell #: _____

Player 2 Name: _____ GHIN #: _____
Address Street: _____
City: _____ State _____
Email: _____ Cell #: _____