



2023 TOURNAMENT REQUEST FORM

Meadowlark Hills Golf Course
3300 30th Avenue
Kearney, NE 68845

Attn: David James, Head Golf Professional
Phone: 308-233-3265 Fax: 308-233-3296 Toll Free: 888-818-3265
E-mail address: djames@kearneygov.org

When requesting the golf course for tournaments, it is preferred that this form be returned 30 days prior to the date of the tournament. Upon final approval, a letter of confirmation or phone call will be returned to your organization.

Fees: 18 Holes \$47.00 per player (April 1 – August 31)
18 Holes \$42.00 per player (September 1 – March 31)
9 Holes \$37.00 per player

This fee will cover the cost of green fees, cart fees, \$5.00 gift certificate in the pro shop and tournament administration (golf carts are required). If your group has over 132 players, there will be a charge for the extra golf carts required.

Unlimited Range: (optional) \$200.00 The range will open two hours before the event for your guests. Please check the box if interested.

All beverages must be purchased at Meadowlark Hills Golf Course. (NO DONATIONS)
All alcoholic beverages tabbed must be paid for immediately following play.

Performance Clause: Tournament Deposit- A \$200 deposit is required at the time this request is submitted. This non-refundable deposit will be deducted from your tournament fee on the day of your tournament. **The balance of the tournament fee is due on the day of play or can be billed to the tournament representative.** The final number of requested tee times must be determined at least eight days prior to the date of the event. The tournament representative shall be financially responsible for the number of tee times requested eight days in advance.

FOR SHOTGUN START: You must have a minimum of 72 players. Shotgun starts are prohibited on Saturdays and Sundays during the months of May, June, July and August before 1:00 PM.

Est. # of Players _____ Other special arrangements: Shotgun (minimum of 72 players): _____ Flag Prizes _____

Organization or Company Name: _____ Today's Date: _____

Tournament Representative: _____

Street Address: _____ City: _____

State: _____ Zip: _____ Phone (w): _____ (h): _____ Email _____

Date Requested: _____ Day of Week: _____ Starting Time: _____

Cookout Options:	<input type="checkbox"/> SACK LUNCH \$10.00	<input type="checkbox"/> PULLED PORK \$15.00	<input type="checkbox"/> HAMBURGER \$15.00
(OPTIONAL)	-One Deli Sandwich	-One pulled pork sandwich	-One Hamburger
	-Bag of Chips	-Potato Salad	-Potato Salad
	-Cookie	-Beans	-Beans

I have read this request form in full and agree to perform as stated above:

Signature of Tournament Representative: _____

Approved: Golf Professional: _____