



2018 Simulator Golf League Sign-up Sheet

(January – March)

Captain Name: _____

Phone #: _____ Email: _____

Player 2 Name: _____ Email: _____

Monday _____ Tuesday _____ Wednesday _____

(Indicate 1st and 2nd choices)

League Information

- League will consist of 8 weeks beginning in the week of **January 15th** and concluding in March.
- All league matches will be played on your choice of Monday, Tuesday or Wednesday evenings beginning at 5:00pm and 7:00pm.
- Matches will be handicapped and each player will play 9 holes.
- Each league will consist of 4 teams (8 players).
- Payouts in Gift Cards – 1st - \$110 per person, 2nd - \$50 per person.

League Fees

- \$200 per person
- Includes a punch card for 8 small bags for the indoor range only. The punch card can be redeemed at any time.

Format

- Week 1 will determine league handicaps.
- Week 2-7 will be match play
- Week 8 will be the championship and consolation matches.
- Each week you will play head to head against another team. The high handicaps from each team will play against each other and the low handicaps will play each other.

Handicaps

- You will receive a scorecard from the golf shop showing handicaps and dotted with stroke allocations. For example, if a 4 handicap is competing against a 6 handicap, the 6 will get 2 strokes: 1 stroke each on the two lowest handicap holes.

Scoring

- Each individual match will be worth 9 points for your team (1 pt. per hole). Each time you win a hole, you earn a point for your team. If you tie a hole, you earn a ½ pt. for your team. With each team playing 2 individual matches you can earn up to 18 points as a team per week.

Substitutes

- Substitutes are allowed. The substitute will be required to play a round on the simulator to receive a league handicap. If this cannot be achieved then the single player from the team will play against both opponents on the opposing team.

All teams/players must bring full payment with registration form to the SentryWorld Pro Shop before January 7th.

SentryWorld Staff Only

Amount Paid _____ Date _____ Authorized Signature _____