



# 23<sup>rd</sup> Annual Hospitality Open Golf Tournament

Sunday March 25<sup>th</sup>, 2018

Key West Golf Club

This year's event will be a sell out well in advance! This tournament is limited to 152 players so be sure to sign up early! Teams will be divided into three flights based on gross score. Prizes will be awarded to the top 3 finishing teams in each flight. Handicaps will only be used to assign single players to teams. We are looking forward to providing you with a fun filled networking event at a beautiful, top notch course.

Pre-registration and advanced payment is required. The practice range will be available at **6:30am** followed by a shotgun start at **7:30am**. Food and beverages will be provided on the course. A delicious lunch and awards ceremony will be the perfect conclusion to a wonderful event. Remember, this is a charity event so let's have some fun playing for a great cause!

## Player Registration Form

I am registering as a \_\_\_\_ Single Player please match me with other players by handicap for a team of four (4).  
I am registering as a \_\_\_\_ Team of Four (4).

**(Please print legibly)**

**Players:** Please complete all information – this will be used for communication prior to the event.

Name: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Handicap: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

**Attire:** Appropriate Golf Attire

**Cost & Payment:** Registration fee \$125.00 per player. **Advance payment required to confirm reservation received no later than Wednesday, March 21<sup>st</sup> 2018.** Please check your desired payment method below. Fee includes: Food & Beverage on the course, Lunch, Goody Bag, Red Tees, Mulligans

\_\_\_ Check                      Amount \_\_\_\_\_                      **Made payable to:** *The Lodging Association*

\_\_\_ Credit Card                      Amount \_\_\_\_\_                      Number \_\_\_\_\_                      exp \_\_\_\_\_ CVV \_\_\_\_\_

Billing address: \_\_\_\_\_

**Forms can be mailed to:**      The Lodging Association  
818 White Street ~ Suite 8  
Key West, FL 33040

**Emailed to:** [executiveoffice@keyslodging.org](mailto:executiveoffice@keyslodging.org)  
**Faxed to:** # 305-296-1408  
**Questions? Please call:** # 305-296-4959