



THE COUNTRY CLUB
CASTLE PINES

Schomp BMW Cup

A Colorado AvidGolfer Event

MONDAY & TUESDAY

August 10-11, 2020

TEAM REGISTRATION FORM

SCHOMP BMW CUP TEAM (Company or Team name): _____

PLAYER 1 name: _____ Shirt Size: _____

USGA handicap index: _____ GHIN number*: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

The **PAIRINGS PARTY** will take place at **Perry's Steakhouse & Grille (Date TBD)** at Park Meadows, Colorado's Only Retail Resort and the **APRÉS GOLF COCKTAIL AND DINNER PARTY** takes place **Monday, August 10, 4:30-7:30 p.m.** at **The Country Club at Castle Pines.**

I plan to attend the PAIRINGS PARTY: **Yes** ___ **No** ___ My spouse/significant other plans to attend: **Yes** ___ **No** ___ Their name: _____

I plan to attend the COCKTAIL/DINNER PARTY: **Yes** ___ **No** ___ My spouse/significant other plans to attend: **Yes** ___ **No** ___ Name: _____

PLAYER 2 name: _____ Shirt Size: _____

USGA handicap index: _____ GHIN number*: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ E-mail: _____

I plan to attend the PAIRINGS PARTY: **Yes** ___ **No** ___ My spouse/significant other plans to attend: **Yes** ___ **No** ___ Their name: _____

I plan to attend the COCKTAIL/DINNER PARTY: **Yes** ___ **No** ___ My spouse/significant other plans to attend: **Yes** ___ **No** ___ Name: _____

*CURRENT USGA HANDICAP or GHIN NUMBER REQUIRED to compete for the 2020 SCHOMP BMW CUP.
CONTACT Melissa Holmberg at 720-493-1729 ext. 15 or melissa@coloradoavidgolfer.com if you have any questions.

For complete details about the event, please refer to the Schedule of Events, Rules of Play, Team Challenges and Contests.

ENTRY FEE (twosome): \$ 2,500

PAYMENT TYPE: Visa _____ MasterCard _____ AmEx _____ Check _____

CARD NUMBER: _____ **EXPIRATION DATE (MM/YY):** ___ / ___ **SECURITY CODE:** _____

NAME AS IT APPEARS ON CARD: _____

BILLING ADDRESS: _____

CARDHOLDER'S SIGNATURE: _____

TO SUBMIT: EMAIL completed form to melissa@coloradoavidgolfer.com, send it via **FAX** to 720-482-0784, or **MAIL TO** Colorado AvidGolfer, Attn: Melissa Holmberg, 7200 S. Alton Way, Suite A-180, Centennial, Colorado 80112

By registering for this event, you authorize CAG to use photos of you in future CAG marketing/promotional materials, including electronic formats.

GOLF TOURNAMENT CANCELLATION POLICY: If you cancel from an event after your credit card has been charged, a cancellation fee of \$25 will be deducted from the total amount charged as a credit card administration fee. You will receive a 100% refund (less the \$25 administrative fee), if you cancel 45 days prior to the event, 75% refund (less the \$25 administrative fee), if you cancel 30 days prior to the event 50% refund (less the \$25 administrative fee), if you cancel 14 days prior to the event, 25% refund (less the \$25 administrative fee) and no refund if you cancel 7 days prior to the event. You have the option to apply the full price paid to another Colorado AvidGolfer event or transfer your registration to another player at no cost. In the event of inclement weather, the Tournament Director reserves the right to postpone tee times or suspend play in order to allow the groups to complete the round. If the event is cancelled due to inclement weather (determined in collaboration with the Club staff), we will attempt to reschedule the event within the next thirty (30) days. If the event is unable to be rescheduled and your group has played less than 9 holes a partial refund or rain check may be issued. If your group played more than 9 holes no refund will be given.