

Oxford

NATIONAL PRO-AM

April 11-14, 2021
Las Vegas, NV

Shadow Creek

B
BELLAGIO
LAS VEGAS

Team Deposit: \$3,000 (non-refundable)

Must be Postmarked by January 15, 2021

Amateur Entry Fee: \$4,995

Package Includes

4 Nights Single Occupancy lodging at BELLAGIO Resort Las Vegas

3 Rounds of Golf/Cart/Range at famed SHADOW CREEK !!

Limousine Service to and from Shadow Creek for each round

Daily Breakfast at Shadow Creek

Food & Beverage throughout the day at Shadow Creek

Opening Welcome Reception at Bellagio (Dinner/Cocktails)

Wednesday Awards Reception at Shadow Creek (Post Round)

Amateur Tournament Favors of \$650 Value

\$500 Team Prize Pool Entry - PAID AT EVENT

A maximum field of 13 teams will play 54 holes of medal play at the famed Shadow Creek!

Teams are (1) Professional with (4) Amateur partners.

Scoring will be one better ball net and one better ball gross on each hole combined for a team score.

The same player cannot count for both scores.

Amateurs will receive 80% of their handicap, with a max of 18 strokes per player.

PROFESSIONAL - Please send this form in with Deposit

Name : _____

Golf Club : _____

Street : _____

City/State/Zip : _____

Cell # : _____

Email : _____

SS# : _____

Luke LaFave, Tournament Director

313-610-9535

info@oxfordproam.com

John Traub, Ambassador/Founder

Checks Payable to:

"Oxford National Pro-Am"

P.O. Box 381

Highland, MI 48357

www.oxfordproam.com

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April 11-14, 2021
Las Vegas, NV



Amateur Entry Fee <i>(50% Player Cancellation Fee*)</i>		\$4,995
Balance Due February 15, 2021		Amount Submitting
Team Balance <i>(50% Team Cancellation Fee*)</i>	\$16,980 <i>after deposit</i>	\$
Extra Nights * <i>*Optional</i>	\$325 <i>per night</i>	\$
Guest Fee * <i>*optional - includes Sunday reception</i>	\$200 <i>per guest</i>	\$
TOTAL		\$

*Cancellations within (14) days of event are subject to 100% Cancellation Fee

\$500 Team Prize Pool Entry - PAID AT EVENT

PROFESSIONAL

Name	_____	
Guest Name	_____	
Golf Club	_____	
Street	_____	
City/State/Zip	_____	
Cell #	_____	
Email	_____	
SS#	_____	
Shirt Size	_____	
EXTRA NIGHTS	Friday 4/9	Saturday 4/10

Checks Payable to:
"Oxford National Pro-Am"
 P.O. Box 381
 Highland, MI 48357

Luke LaFave, Tournament Director
 313-610-9535
info@oxfordproam.com

AMATEURS

Name _____	Name _____
Guest Name _____	Guest Name _____
HDCP Index GHIN # _____	HDCP Index GHIN # _____
Birthdate _____ Shirt Size _____	Birthdate _____ Shirt Size _____
Email _____	Email _____
EXTRA NIGHTS	EXTRA NIGHTS
Friday 4/9	Friday 4/9
Saturday 4/10	Saturday 4/10
Name _____	Name _____
Guest Name _____	Guest Name _____
HDCP Index GHIN # _____	HDCP Index GHIN # _____
Birthdate _____ Shirt Size _____	Birthdate _____ Shirt Size _____
Email _____	Email _____
EXTRA NIGHTS	EXTRA NIGHTS
Friday 4/9	Friday 4/9
Saturday 4/10	Saturday 4/10

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