



May 5-8, 2024 - Las Vegas, NV



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

Must be postmarked by January 15, 2024

Amateur Entry Fee: \$3,750

Package Includes

- 4 Nights Single Occupancy lodging at Bellagio Resort*
- 3 Rounds of Golf/Cart/Range - One Round Each at:*
- SouthShore CC - Cascata GC - Wolf Course at Paiute*
- Daily Breakfast at Golf Course*
- Appetizers/Lunch served daily after play at golf course*
- Opening Welcome Reception at Bellagio (Cocktails)*
- Wednesday Awards Reception at Bellagio (Cocktails)*
- Tournament Favors of \$300 Value*

\$600 Team Prize Pool Entry - PAID AT EVENT

A maximum field of 15 teams will play 54 holes of medal play with one round on each course at SouthShore CC, Cascata GC, & The Wolf Course at Paiute. 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

Checks Payable to:

"Oxford National Pro-Am"

P.O. Box 381

Highland, MI 48357

www.oxfordproam.com



May 5-8, 2024 - Las Vegas, NV

Amateur Entry Fee <i>(50% Player Cancellation Fee*)</i>		\$3,750
Balance Due March 5, 2024		Amount Submitting
Team Balance <i>(50% Team Cancellation Fee*)</i>	\$12,000 <i>after deposit</i>	\$
Extra Nights * <i>*Optional</i>	\$495 <i>per night</i>	\$
Guest Fee * <i>*optional - includes receptions</i>	\$150 <i>per guest</i>	\$
Practice Round * <i>*optional - TBA</i>	\$TBA <i>per fivesome</i>	\$
TOTAL		\$

*Cancellations within (14) days of event are subject to 100% cancellation fee

\$600 Team Prize Pool Entry - PAID AT EVENT

PROFESSIONAL

Name _____
 Guest _____
 Golf Club _____
 Street _____
 City/State/Zip _____
 Cell # _____
 Email _____
 SS# _____
 Shirt & Waist Size _____

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

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EXTRA NIGHTS Friday 5/3 Saturday 5/4

AMATEURS

Name _____ Guest Name _____ HDCP Index GHIN # _____ Shirt Size _____ Waist Size _____ Birthdate _____	Name _____ Guest Name _____ HDCP Index GHIN # _____ Shirt Size _____ Waist Size _____ Birthdate _____
EXTRA NIGHTS Friday 5/3 Saturday 5/4	EXTRA NIGHTS Friday 5/3 Saturday 5/4
Name _____ Guest Name _____ HDCP Index GHIN # _____ Shirt Size _____ Waist Size _____ Birthdate _____	Name _____ Guest Name _____ HDCP Index GHIN # _____ Shirt Size _____ Waist Size _____ Birthdate _____
EXTRA NIGHTS Friday 5/3 Saturday 5/4	EXTRA NIGHTS Friday 5/3 Saturday 5/4