



**November 10-13, 2024**  
**Las Vegas, NV**



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

**Must be Postmarked by June 30, 2024**

**Amateur Entry Fee: \$3,895**

**Package Includes**

*4 Nights Single Occupancy lodging at BELLAGIO Resort Las Vegas*

*3 Rounds of Golf/Cart/Range - One Round Each at...*

*DragonRidge CC - Southern Highlands GC - Las Vegas CC*

*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**

*Maximum field of 18 teams, with teams consisting of (1) Professional & (4) Amateurs.*

*54 holes of medal play with one round each at DragonRidge CC, Southern Highlands GC, & Las Vegas CC.*

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

*The same player cannot count for both scores on a hole.*

*Amateurs 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](mailto:info@oxfordproam.com)

**Checks Payable to:**

**"Oxford National Pro-Am"**

P.O. Box 381

Highland, MI 48357

[www.oxfordproam.com](http://www.oxfordproam.com)



**November 10-13, 2024**  
Las Vegas, NV



|   |                |
|---|----------------|
| <b>Amateur Entry Fee</b><br><i>(50% Player Cancellation Fee*)</i> | <b>\$3,895</b> |
|---|----------------|

| Balance Due August 15, 2024                                      |   | Amount Submitting |
|--|---|-------------------|
| <b>Team Balance</b><br><i>(50% Team Cancellation Fee*)</i>       | <b>\$12,580</b><br><i>after deposit</i> | \$                |
| <b>Extra Nights</b><br><i>(optional)</i>                         | <b>\$495</b><br><i>per night</i>        | \$                |
| <b>Guest Fee</b><br><i>(optional - includes receptions)</i>      | <b>\$150</b><br><i>per guest</i>        | \$                |
| <b>Practice Round</b><br><i>(optional - Contact for details)</i> | <b>\$TBA</b><br><i>per fivesome</i>     | \$                |
| <b>TOTAL</b>   |   | \$                |

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

**\$600 Team Prize Pool Entry - PAID AT EVENT**

**PROFESSIONAL**

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

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 Highland, MI 48357

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**EXTRA NIGHTS      Friday 11/8      Saturday 11/9**

**AMATEURS**

|   |   |
|---|---|
| Name _____<br>Guest Name _____<br>HDCP Index GHIN # _____<br>Shirt Size _____ Waist Size _____<br>Birthdate _____ | Name _____<br>Guest Name _____<br>HDCP Index GHIN # _____<br>Shirt Size _____ Waist Size _____<br>Birthdate _____ |
| <b>EXTRA NIGHTS      Friday 11/8      Saturday 11/9</b>   | <b>EXTRA NIGHTS      Friday 11/8      Saturday 11/9</b>   |

|   |   |
|---|---|
| Name _____<br>Guest Name _____<br>HDCP Index GHIN # _____<br>Shirt Size _____ Waist Size _____<br>Birthdate _____ | Name _____<br>Guest Name _____<br>HDCP Index GHIN # _____<br>Shirt Size _____ Waist Size _____<br>Birthdate _____ |
| <b>EXTRA NIGHTS      Friday 11/8      Saturday 11/9</b>   | <b>EXTRA NIGHTS      Friday 11/8      Saturday 11/9</b>   |