



October 27-30, 2024
Las Vegas, NV



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

Must be Postmarked by June 15, 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

SouthShore CC - Southern Highlands GC - TPC Las Vegas

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 22 teams, with teams consisting of (1) Professional & (4) Amateurs.

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

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

Checks Payable to:

"Oxford National Pro-Am"

P.O. Box 381

Highland, MI 48357

www.oxfordproam.com



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Las Vegas, NV



Amateur Entry Fee <i>(50% Player Cancellation Fee*)</i>	\$3,895
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Balance Due August 1, 2024	Amount Submitting	
Team Balance <i>(50% Team Cancellation Fee*)</i>	\$12,580 <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 - contact for options)</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 Name _____
 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 10/25 Saturday 10/26

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 10/25 Saturday 10/26	EXTRA NIGHTS Friday 10/25 Saturday 10/26

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