



October 6-9, 2024
Las Vegas, NV



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

Must be Postmarked by June 15, 2024

Amateur Entry Fee: \$3,595

Package Includes

4 Nights Single Occupancy lodging at BELLAGIO Resort Las Vegas

3 Rounds of Golf/Cart/Range at the Las Vegas Paiute Golf Resort

Snow Mountain Course - Wolf Course - Sun Mountain Course

Daily Breakfast at Golf Course

Appetizers served to each team daily after play at golf course

Complimentary Bar at golf course after play

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

54 holes of medal play with one round on each course at The Las Vegas Paiute Golf Resort.

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



October 6-9, 2024
Las Vegas, NV

BELLAGIO
LAS VEGAS

LAS VEGAS
PAIUTE
GOLF RESORT

Amateur Entry Fee <i>(50% Player Cancellation Fee*)</i>	\$3,595
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Balance Due July 31, 2024	Amount Submitting	
Team Balance <i>(50% Team Cancellation Fee*)</i>	\$11,380 <i>after deposit</i>	\$
Extra Nights <i>(optional)</i>	\$575 <i>per night</i>	\$
Guest Fee <i>(optional - includes receptions)</i>	\$150 <i>per guest</i>	\$
Practice Round <i>(optional - contact for details)</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	_____
EXTRA NIGHTS	Friday 10/4 Saturday 10/5

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

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AMATEURS

Name _____	Name _____
Guest Name _____	Guest Name _____
HDCP Index GHIN # _____	HDCP Index GHIN # _____
Shirt Size _____ Waist Size _____	Shirt Size _____ Waist Size _____
Birthdate _____	Birthdate _____
EXTRA NIGHTS Friday 10/4 Saturday 10/5	EXTRA NIGHTS Friday 10/4 Saturday 10/5
Name _____	Name _____
Guest Name _____	Guest Name _____
HDCP Index GHIN # _____	HDCP Index GHIN # _____
Shirt Size _____ Waist Size _____	Shirt Size _____ Waist Size _____
Birthdate _____	Birthdate _____
EXTRA NIGHTS Friday 10/4 Saturday 10/5	EXTRA NIGHTS Friday 10/4 Saturday 10/5

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