

# CASCADES GOLF COURSE

HOSTS

## THE 87th ANNUAL JACKSON COUNTY OPEN

**SATURDAY, JULY 21 & SUNDAY, JULY 22, 2018**

**Entry Fee:** \$55.00 per person-Additional \$10 per day for Cart Rental  
\$40.00 for players with high school eligibility remaining

**Format:** 36-hole stroke play  
Field will be flighted into 3-4 flights based on 1st round scores  
White tees Saturday. Blue tees on Sunday for Championship Flight Only

**Tee Times:** 8:00 a.m.-2:00 p.m. (Depending on # of players). May use #1 and #10 tees.  
Tee times will be available on-line @ [www.cascadesgolfcourse.com](http://www.cascadesgolfcourse.com) and on Facebook by  
Thursday, July 19th at 6 p.m.

### REGISTRATION DEADLINE

**Tuesday, July 17 (No Exceptions)**

**NO REFUNDS AFTER ENTRY DEADLINE**

**MUST MAKE PAYMENT WITH ENTRY**

**\*NOTE:** This event is open to amateurs only. The field is limited to 144 players.

For additional information, please contact

Phil Fischmeister

517-768-2916 or [pfischme@co.jackson.mi.us](mailto:pfischme@co.jackson.mi.us)

(Please detach bottom portion and return with payment)

### THE 2018 JACKSON COUNTY OPEN

(Please Print)

Name \_\_\_\_\_

Address \_\_\_\_\_

Street Address

City

State

Zip Code

Phone \_\_\_\_\_ Email \_\_\_\_\_

Please check in the appropriate space below to either be flighted based on your first round score or be placed in the championship flight regardless of your first round score. If you choose to be flighted based on your first round score you can still qualify for the Championship Flight based on your first round score.

**Note:** \*If you wish to enter the Championship Flight regardless of your 1<sup>st</sup> round score, you must have a GAM Handicap of 6 or less (no league handicaps). Handicaps will be verified prior to your first round play.

#### Please check flight

Flighted Based on First Round Score \_\_\_\_\_ Championship Flight Only \_\_\_\_\_ Gam Handicap \_\_\_\_\_

**PLEASE MAKE CHECKS PAYABLE TO:**

**CASCADES GOLF COURSE**

**1992 Warren Avenue, Jackson, MI 49203**

For Office Use Only:

Amount Paid: \_\_\_\_\_

Payment Date: \_\_\_\_\_

Payment Type: \_\_\_\_\_

Initials: \_\_\_\_\_