

**VERMONT STATE WOMEN'S GOLF ASSOCIATION
CHAMPIONSHIP & BUXTON CUP
August 17 -19, 2010
Neshobe Golf Club, Brandon, VT**

Postmark Date July 7 through August 1, 2010. **NO REFUNDS after August 7, 2010.**
Entry Fee **\$150** (includes entry, practice round and buffet banquet on Wednesday, August 18, 2010. Juniors - \$75 (do not have to be VSWGGA members). **Non-Members' Fee: \$260.** * See notes below.
Practice Round Anytime from July 11 through August 17. Participants may call to reserve tee times up to 6 days in advance. Please call the Pro Shop 802-247-3611.
Handicap Limit Limited to 100 entrants with lowest USGA Handicap index up to 36.0. All players will be limited to a maximum adjusted handicap of 36.
Buxton Cup Trophy goes to club with lowest score – total of three low gross scores each day.

Eligibility: Entrant must be a resident of the state of Vermont, must have resided in Vermont for a minimum of six months immediately preceding the tournament, and must be a member in good standing of a VSWGGA golf course

OR

Entrant must have held a golfing membership in a Vermont State Member Golf Course for three consecutive years immediately preceding the tournament.

OR

Legal residents residing in Vermont for a minimum of six months immediately preceding the tournament and not belonging to a real estate club are eligible to play with an increased entry fee.

A Junior who is 18 years of age is eligible to play as a junior **only** if she has not yet begun her first semester of college. No relatives are allowed to caddy for Juniors.

All players (except Juniors) must have paid the annual **\$25 VSWGGA Tournament Participation Fee** prior to the start of the tournament.

A valid USGA GHIN handicap card is required for all players.

No golf professional is allowed to caddy for any competitor.

Note: Tee times for the first day of the tournament will be posted on the website (www.vswga.org).

Lodging information will also be found on the website.

VSWGGA CHAMPIONSHIP & BUXTON CUP

Player _____ Club _____

Street _____

City/Town _____ State _____ Zip _____

Phone # _____ Email _____

GHIN# _____ USGA Hdcp. Index _____

Please check one: Cart Carry own bag Bring own caddy Request caddy if available

Check if applicable: **Junior - Birth date** _____ (under 19 & not attending college)
(No family member is allowed to caddy for a Junior.)

Make check payable to **VSWGGA** and mail with entry form to:

**VSWGGA, PO Box 134, Arlington, VT 05250
Phone (802) 375-8091 Email: vswga@comcast.net**