



DESERT CABALLEROS "OUT WICKENBURG WAY"

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Email DCTallyhand@gmail.com

2023 ANNUAL DESERT CABALLEROS GOLF TOURNAMENT

Date: Sunday April 14, 2024
Place: Los Caballeros Golf Club
Time: Shotgun Start - 8:00A.M.
Scramble: Each foursome will be made up of an "A", "B", "C", and "D" handicap player if at all possible.

Teams will be selected by the Club Pro.

Classification of players as follows:
A: 1 to 12 handicap
B: 13 to 18 handicap
C: 19 to 25 handicap
D: 26 and over

Questions - Contact Rob Reed
ROB@REED-RAMSEY.COM
630-772-3499

Play: Each player hits a tee shot. Select the best tee shot and play from within one club length of the selected shot, no closer to the hole.
Continue this procedure until the ball is holed out for the team score.
On the green, all putts must be putted from within six inches of the selected shot.

RULES: All play shall be from the gold tees. The fourteen club rule is waived.

All Caballeros and Amigos must be current on Dues.

Application Deadline: April 8, 2024

Fees: \$55.00 per person, includes green fees and awards. (\$15.00 for Los Caballeros Golf Club members)
Can purchase Mulligans. GOLF CARTS EXTRA.

The Los Caballeros Golf Club has 10 sets of rental clubs available. (Contact Rob Reed)

Lots of "Prizes", "Surprises" and "Surprise Prizes"!

DC DUES MUST BE CURRENT TO PLAY IN THE GOLF TOURNAMENT

NAME (Please Print): _____

I wish to play in the DC Golf Tournament. Enclosed is my Check (payable to Desert Caballeros) or Credit Card authorization for \$ _____ entry fee. **MY HANDICAP IS** _____

Check enclosed - Payable to "DESERT CABALLEROS" You can also pay by using Zelle (DCTallyhand@gmail.com)

RIDERS PAYING BY CREDIT CARD WILL ALSO BE CHARGED A PROCESSING FEE OF 3.5%

CREDIT CARD NUMBER _____

EXPIRATION DATE _____ **CVV** _____

CARDHOLDER'S NAME ON CARD (Please Print) _____

BILLING ADDRESS _____

I Authorize this Card Be Charged by The Desert Caballeros for the above Amount, **PLUS ANY DUES OWED AND PLUS 3.5% PROCESSING FEE.** My typed signature and date will serve as my authorized signature.

CARDHOLDER _____ **Date** _____

Mail to P.O. Box 1106, Wickenburg, AZ 85358-1106; or email to DCTallyhand@gmail.com