

**BIRCHBANK**  
*Golf Club*



# 75<sup>TH</sup> BIRCHBANK MEN'S OPEN

August 16<sup>th</sup>, 17<sup>th</sup> and 18<sup>th</sup>, 2019  
TRAIL, BRITISH COLUMBIA, CANADA

## DETAILS:

- 54 Hole Medal Round
- Male competitors only (Age 19 and over) Amateur or Professional
- **SENIORS DIVISION (50 years+)**
- **Open to the first 120 paid players**
- **Juniors must call prior to registering (Derrick: 250-231-5964)**

**ENTRY FEE**

**\$215 CDN**

**\$155 Birchbank Member**

## SCHEDULE:

Thursday, August 15 <sup>th</sup>	Practice Round - 1/2 Price, tee times: 250-693-2255, range pass inc. 2-Man Team Horse Race - 6:00 pm, Cost: \$25
Friday, August 16 <sup>th</sup>	Registration 7:00 am – until last tee time Opening round, complimentary range balls Banquet that evening in the Bistro.
Saturday, August 17 <sup>th</sup>	Second round play, complimentary Meal to follow in the Bistro
Sunday, August 18 <sup>th</sup>	Final round, range pass inc. Prize Presentations

**SKINS GAME (Friday & Saturday)**  
Optional – Pay at check in - Cash Payout  
Plus: NET HONEY POT

## PRIZES

- Two Dinners, one Breakfast and a range pass
- Gross and Net prizes for all flights
- Prizes for Professionals are converted to cash payout
- KPs all three rounds
- Senior Division is to be paid separately

## ENTRY APPLICATION

Name \_\_\_\_\_ Street Address: \_\_\_\_\_ City: \_\_\_\_\_  
Prov/State \_\_\_\_\_ Postal/Zip Code \_\_\_\_\_ Email: \_\_\_\_\_ Phone No: \_\_\_\_\_  
Power Cart Required: \_\_\_\_\_ Senior Division (age 50+) \_\_\_\_\_ Open Division \_\_\_\_\_

### VERIFICATION OF HANDICAP

Hcp Index: \_\_\_\_\_

Home Club: \_\_\_\_\_

MAIL, FAX or Call in Your Registration

**Birchbank Golf Course**  
P. O. Box 250, Trail, British Columbia  
Canada V1R 4L5  
Phone: (250) 693-2255  
Fax: (250) 693-2360  
Email :proshop@birchbankgolf.com

### PAYMENT METHOD

Entry Fee: \$ \_\_\_\_\_

Power Cart: (\$15 CDN per seat per day) \$ \_\_\_\_\_

**Total:** \$ \_\_\_\_\_

Check Enclosed (Please make check payable to the RT Birchbank Men's Open)

Visa

MasterCard

Account No: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_

(Must match name on card)