



Lake Spanaway Golf Course

2012

Tournament Request

Tournament _____ Tournament Chairperson _____

E-mail _____ Phone _____

Address _____ City _____ Zip _____

	Number of Players _____ <small>(Minimum 16)</small>	Starting Time _____ <small>(11:00 AM or Later on Weekends and Holidays)</small>	
Requested Date	_____	_____	_____
Alternate Date 1	_____	_____	_____
Alternate Date 2	_____	_____	_____

Tournament Scheduling Guidelines:

Monday through Friday:	Anytime	Min. 16 Players	\$30.00 per player
Saturday, Sunday, Holidays	11:00 AM to 1:00 PM	Min. 16 Players	\$46.00 per player
	Later than 1:00 PM	Min. 16 Players	\$36.00 per Player

All Rates above are based on Tee-Times.
 Shotgun/Modified Shotgun/Reverse Shotgun events subject to Shotgun Surcharges.
 Please contact the Golf Tournament Coordinator for more details.

Special Requests

(Example: power carts, range buckets, rental clubs, and food service)

WWW.LAKESPANAWAYGC.COM

PLEASE COMPLETE THE ABOVE AND FORWARD YOUR TOURNAMENT REQUEST TO:

Lake Spanaway Golf Course
 JYOST@PREMIERGC.COM
 15602 Pacific Ave. S.
 Tacoma, WA 98444