



Golf Tournament Form

eagle's

H A V E N G O L F C O U R S E

1253 W Main St.
Madison, In 47250
812.274.0057
eagleshavengc@gmail.com

Your name: _____

Contact name: _____

Contact Phone Number: _____

Contact Email: _____

Date of Tournament: _____

9 or 18 holes: _____

Format of Tournament: _____ Scramble
_____ Individual

If Scramble: 2 or 4 person teams _____

of Golfers: _____ Golfers paying: _____ Individual _____ Company

Are you having any contests? (Example: longest drive, closest to pin, etc.
If so, please list and how many: _____

Would you like for us to provide lunch? _____ Bringing your own _____

Any activities such as mulligans, raffle, silent auction, award ceremony?

If so, please list: _____

Along with this form please attach a list of ALL the Golfers including their name, phone number, and email please.

Once we receive all your information, we will contact you to confirm the date and details.