



ARLINGTON
Greens

A Facility of the *Collinsville Area Recreation District*

200 Arlington Drive ~ Granite City, IL 62040

www.ArlingtonGreens.com ~ (618) 931-5232

Contact: Mark Marcuzzo ~ mmarcuzzo@collinsvillerec.com

TOURNAMENT INFORMATION

Tournament Greens Fees

Fees include: opening fees, guest fees, golf cart, tournament services, scorecard preparation, cart assignment tags, score sheets, scoring

Monday-Friday

0-40 Golfers: \$28

41-80 Golfers: \$27

80+ Golfers: \$25

Saturday-Sunday

\$33 per player

After 1:30 p.m.

\$28 per player

Shotgun Starts: All morning shotgun starts begin no later than 8 a.m. All afternoon shotgun starts being no earlier than 1:30 p.m. Any deviation in start times must be pre-approved by the course manager.

Morning and Afternoon Shotgun Start Events: Shotgun start events are available to groups up to 144 players when playing in groups of four. Only groups of 128 or more will close the course to other play. Organizations/Groups with fewer than 128 players will use a reverse modified shotgun start with regular play following the last group off of the #1 tee.

Golf Carts: Golf carts are mandatory for all tournaments and are included in the guest fee. Seventy-six (76) carts are available for all shotgun events. Organizations/Groups requiring more than the available number of carts will be charged \$35 per additional cart.

Golf Guarantees/Confirmation: The number of players indicated on the original contract is the number considered for approval. The contract must be signed by the Organization's/Group's authorized representative.

Weather Considerations and Rain Dates: Organizations/Groups are responsible for full payment unless the golf course is closed due to inclement weather or the course manager deems the course unplayable. Pre-booked rain dates are not available. Rescheduling will be discussed if Arlington Greens is closed due to weather or course conditions the day of your event. If the course is closed, and will remain closed after the event has begun, the following refund will apply: 75 percent refund of the tournament player fee if holes one to eight are completed; no refund if holes nine to 18 are completed.

Rental Clubs: Rental clubs are available for \$7 per set. Club sets are limited and the number of sets required must be scheduled before the date of the tournament.

Dress Code: Please notify all members of your Organization/Group. Unacceptable attire is at the discretion of the course.
Acceptable attire for men: Shirts with sleeves, slacks, jogging outfits (nylon or silk), golf shorts, walking shorts, jeans
Acceptable attire for women: Dresses, skirts, jogging outfits (nylon or silk), golf shorts, mid-length shorts, blouses, tank tops, jeans

Shoes: Golf shoes with metal spikes, and football/baseball/soccer spiked shoes are prohibited at Arlington Greens. Shoes with soft spikes, golf shoes without spikes and tennis shoes are permitted. All other shoes must be approved by the Pro Shop.

Deposit: A deposit of \$200 is needed to secure all events at Arlington Greens and must accompany this contract.

Cancellation: Written cancellations received by Arlington Greens 90 days before the scheduled date of the event will result in 100 percent refund of the deposit. Cancellations made within 90 days of the event will have the deposit refunded contingent upon booking of the cancelled date with a comparable tournament.

ALL CANCELLATIONS MUST BE APPROVED BY ARLINGTON GREENS MANAGER

MARK MARCUZZO

618-931-5232 ~ mmarcuzzo@collinsvillerec.com





A Facility of the *Collinsville Area Recreation District*
200 Arlington Drive ~ Granite City, IL 62040
www.ArlingtonGreens.com ~ (618) 931-5232
Contact: Mark Marcuzzo ~ mmarcuzzo@collinsvillerec.com

TOURNAMENT CONTRACT

Name of Organization/Group: _____

Date: _____ Shotgun or Tee Time: _____

of Golfers: _____ x \$ _____ Cost Per Golfer

of Carts: _____ x \$ _____ Cost Per Cart (only if over 144 players)

of Drink Tickets: _____ x \$ _____ Cost Per Drink Ticket

of Meals: _____ x \$ _____ Cost Per Meal

Caterer and Plan _____

Other Costs: _____ x \$ _____

Estimated Total Cost: \$ _____ Less Deposit: \$ _____ **Total Due: \$ _____**

Contact Name: _____

Address: _____

Work # _____ Cell # _____

E-mail Address: _____

NOTES

RETURN SIGNED CONTRACT: If the above information meets with your approval, please sign and fax one copy of the contract to (618) 931-4331 to secure the selected date. PAYMENT AND CANCELLATIONS: All monies owed are to be paid in full the day of the tournament via cash or credit card (checks will not be accepted). OTHER RESPONSIBILITIES: 1. Refunds will not be made unless the course is officially closed and/or at the manager's discretion. 2. The Organization/Group is responsible for all damage to property or loss sustained by the Collinsville Area Recreation District caused by a participant in the event and must be paid in full by the Organization/Group or the tournament organizer(s). 3. Any food or beverage consumed by the group must be provided by the host course or have written consent from the course manager. 4. Tournament participants must observe all prevailing rules and regulations during use of the course. 5. The Arlington Greens management reserves all rights to fill incomplete tee times within the tournament group from the daily starting sheet. 6. To ensure availability, please arrange to have paring sheets to the Arlington Greens Pro Shop staff at least 72 hours in advance of the tournament. 7. Arlington Greens reserves the right to cancel or suspend play privileges without refund to anyone or the entire Organization/Group, for non-compliance of any of the rules and regulations, or for any action which is abusive or offensive to the property, facility, or its patrons and employees. It is the responsibility of the tournament organizer (you) to ensure all participants are aware of the course's rules and regulations. **I have read and agree to the terms and stated above, the rules and regulations, the Tournament Information, Tournament Recap and, if applicable, the Banquet Facility Rental Contract and I am the authorized representative for the Organizations/Groups listed above:**

Authorized Representative/Date

Outing Representative: _____
Amount: \$ _____ Date: _____
Cash: _____ Receipt #: _____
Credit Card #: _____
Expiration Date: _____
Received by: _____

Outing Representative: _____
Amount: \$ _____ Date: _____
Cash: _____ Receipt #: _____
Credit Card #: _____
Expiration Date: _____
Received by: _____

