***The Women's Rochester District Golf Association***

**Tournament Cost Projection**

|  |  |
| --- | --- |
| **Host Club** |  |
| **Club Address** |  |
| **Club Phone Number** |  |
| **Head Golf Professional** |  |
| **Head Golf Professional’s Email** |  |
| **Tournament Format** |  |
| **Tournament Date** |  |
| **Start Time** |  |
| **Max. Number of Participants** |  |
| **WRDGA Representative** |  |
| **WRDGA Representative Email** |  |
| **WRDGA Representative Phone No.** |  |

*Please provide cost per person*

|  |  |  |
| --- | --- | --- |
| **Continental Breakfast** | | $ |
| **Lunch or Dinner** | | $ |
| **Tournament Fee (Range, Carts, Etc.)** | | $ |
| **Total Event Cost Per Person** | $ | |
| *(including tax and gratuity)* |  | |

*Return to WRDGA President - TheWRDGA@gmail.com*