



16th Annual
Lathrop Cup &
SCGA-SCPGA Scratch Pro-Am
Monday - November 20, 2023



PGA
Carolinas Section
South Carolina Chapter

SITE: Columbia Country Club
Host Professionals: Chris Sparrow, PGA and Steven Hartwig, PGA

TIME: 11:30 Shotgun

ENTRY FEE: **\$360 Total:** \$75 SCPGA Professional, \$95 per Amateur (includes entry, cart, lunch, range fees, & awards). Entry fee **MUST** accompany entry form.

ELIGIBILITY: **Professionals** must be CPGA Member. **Amateurs** must be male and 55 years of age or older as of November 20, have valid handicap indexes and be members of the same club as the Pro. Please contact SCGA office regarding eligibility.

FORMAT: **Lathrop Championship:** Aggregate of 3 senior amateurs, 18 hole gross score.
SCPGA Pro-Am: 2 low gross balls per hole (There is no low pro purse, only team purse)

FIELD: 25 team limit: entry deadline is **November 13, 2023**

SCHEDULE: November 20 11:30 Shotgun start with lunch provided
Social hour, awards and meal following play.

REFUND POLICY: A full refund will be granted if the SCGA office is notified by November 17. No refunds granted after November 17.

RESTRICTIONS: The SCGA reserves the right to refuse entry into any event based on behavior that may affect the integrity of our Association. Players are required to adhere to the dress code of the facility and conduct themselves in the manner of keeping with the highest standards of the SCGA. Players refusing to comply will be disqualified from the competition.

The Lathrop Cup & SCGA-SCPGA Scratch Pro-Am
Email application to Kyle Maloney at kmaloney@scgolf.org

Entry fee of \$360.00 can be paid by Credit Card or check (mailed to P.O. Box 286 - Irmo, SC 29063 or turned in to SCGA staff at the Lathrop Cup)
Phone: 803-732-9311 Limited to first 25 entries.

PLEASE PRINT:

Professional's Name _____ Phone _____

Club _____

E-Mail _____

Lathrop Cup Amateurs:

1. _____

2. _____

3. _____

The listed Amateurs are members of my club and hold a verified **2023 SCGA Handicap**. I am a **Carolinas PGA Member**.

Professionals Signature _____

Payable by Check or Credit Card – make checks payable to SCGA

Name on Credit Card _____

Address _____

City _____ Zip _____

Credit Card # _____ Exp Date _____

DEADLINE
November 13, 2023