



Ronald McDonald House Charities Augusta
1442 Harper St. Augusta, GA 30901 (P) 706-724-5901 • (F) 706-722-0884
www.rmhcaugusta.org

"Keeping Families Close"

Red Shoe Golf Classic

Monday, August 22, 2022

Registration & Breakfast: 7:30 a.m.

West Lake Country Club

Shot Gun: 9:00 a.m.

HOW IS THIS TOURNAMENT DIFFERENT?

- 26 teams in total = 4 ½ hour round
- (2) 13-team flights with top 2 teams in each flight awarded prizes
- *EVERY* player will receive a set of logoed cocktail glasses, wind shirt, and hat

PRIZES: We have the MEAT!

The top two teams in each flight will receive a steak prize package from Chatel Farms.

ON-COURSE EXCITEMENT

- Speed Hole: Each team will race against the clock to see who can complete the hole the fastest.
- Lottery Hole: Instant lottery tickets will be all over the green. If your ball stops within a putter head of a ticket, it's yours to keep.
- Minefield Hole: Pick your choice of GA, SC, or Clemson team, plant your flag on your ball mark where it will remain during the event
- Accurate Drive Hole: Ball closest to the centerline wins.
- Ball Launcher: Each player will get the chance to fire the launch cannon onto a par four.

OFF-COURSE EXCITEMENT

- Relaxation Station
- Chipping Contest
- Putting Contest
- Breakfast Sandwiches on Cart
- Pre-Round Bloody Mary's & Screwdrivers
- Lunch Provided
- Real-time Scoring with Golf Genius
- Auction Items



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Red Shoe Golf Classic – Registration Form

NAME: _____ MOBILE #: _____
EMAIL: _____ COMPANY/TEAM NAME: _____
ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE REGISTERING A TEAM, PLEASE LIST EACH TEAM MEMBER'S NAME & CONTACT INFORMATION BELOW.

TEAM CAPTAIN: _____ HDCP*: _____ PLAYER 2: _____ HDCP*: _____
EMAIL: _____ EMAIL: _____
WIND SHIRT SIZE: _____ WIND SHIRT SIZE: _____
PLAYER 3: _____ HDCP*: _____ PLAYER 4: _____ HDCP*: _____
EMAIL: _____ EMAIL: _____
WIND SHIRT SIZE: _____ WIND SHIRT SIZE: _____

*Handicaps will only be used to set-up the flight.

PAYMENT INFORMATION

- \$300.00 for Individual Registration
- \$1,200.00 for Foursome

TOTAL: \$ _____

- Charge my Credit Card

NAME ON CREDIT CARD: _____ VISA/MASTERCARD/DISCOVER/AMEX
CC #: _____ EXP. DATE: _____ ZIP CODE: _____

SUBMIT FORM WITH CREDIT CARD INFORMATION TO CPENCE@RMHCAUGUSTA.ORG OR MAIL WITH CHECK PAYABLE TO THE ADDRESS LISTED ABOVE.