



SNS 2023 Golf Scramble

Friday, February 10, 2023; 2:00 pm Shotgun Start

Hammock Bay Course, JW Marriott Marco Island Golf Resort

Designed by Peter Jacobsen and Jim Hardy, Hammock Bay is a par 72 Championship golf course with 18 individual and distinct holes. Oak-lined fairways and rolling terrain define the course, while Gulf of Mexico breezes come together to make Hammock Bay a challenge that's a favorite of returning guests. The contours, shape, and orientation of the course greens were designed with the approach shot in mind. The playing experience includes strategic and visually appealing bunkering, greens offering a variety of approach shot options, multiple tee options, allowing increased playability for juniors, seniors, and beginners, while offering a challenge to low handicappers and professionals.

Join your colleagues for some friendly competition! Prizes will be awarded for closest to the pin and longest drive. Exhibiting company representatives and spouses/guests are invited to participate.

- Tournament registration includes a boxed lunch, round-trip transportation, green fees, cart fees, practice balls, prizes, tax, & gratuity
- Register by January 23, 2023 to reserve your spot. Registrations are non-refundable after January 26, 2023
- It is a 20-minute ride to the Hammock Bay Golf Course. Shuttles will depart the resort at 1:30 pm. Return shuttles will depart the course at 6:00 pm to get back in time for Family Night!

| Player Name | Handicap | Fee | Golf Club Rental (Optional) - \$90 | (Circle One) Left- or Right- handed Clubs | Subtotal |
|--------------------|-----------------|--------------|---|--|-----------------|
| | | \$365 | | Left / Right | |
| | | \$365 | | Left / Right | |
| | | \$365 | | Left / Right | |
| | | \$365 | | Left / Right | |
| | | | | TOTAL | |

Is there someone you would like to be paired with? _____

Email address for receipt and addt'l details: _____

Payment

A credit card authorization or check made payable to the Southern Neurosurgical Society must accompany this form.

☐ Check enclosed ☐ *Please charge my: ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Name on Card: _____ Expiration Date: _____

Card Number: _____ Security Code: _____

Signature: _____

Please return form with payment to:

SNS Meeting Planning Office

Tel: 630-681-1040 x310

Fax: 1-630-682-5811

Email: Val Broyles at ybroyles@broad-water.com