

# 2025 TOURNAMENT REQUEST FORM



Meadowlark Hills Golf Course  
3300 30<sup>th</sup> Avenue  
Kearney, NE 68845

Attn: David James, Head Golf Professional  
Phone: 308-233-3265 Fax: 308-233-3296 Toll Free: 888-818-3265  
E-mail address: djames@kearneygov.org

When requesting the golf course for tournaments, it is preferred that this form be returned 30 days prior to the date of the tournament. Upon final approval, a letter of confirmation or phone call will be returned to your organization.

**Fees:** 18 Holes \$60.00 per player anytime (April 1 – August 31)

**This fee will cover the cost of green fees, cart fees, \$5.00 gift certificate in the pro shop** and tournament administration (golf carts are required). Maximum of 34 Teams of 4 (136 players). Exceeding this amount requires extra golf carts to be rented for a fee.

**Unlimited Range:** (optional)  \$200.00 The range will open one hour before the event for your guests.  
Please check the box if interested.

**Performance Clause: Tournament Deposit-** A \$200 deposit is required at the time this request is submitted. This non-refundable deposit will be deducted from your tournament fee on the day of your tournament. **The balance of the tournament fee is due on the day of play or can be billed to the tournament representative.** The final number of requested tee times must be determined at least eight days prior to the date of the event. The tournament representative shall be financially responsible for the number players eight days in advance.

**FOR SHOTGUN START: You must have a minimum of 72 players. Shotgun starts are prohibited on Saturdays and Sundays during the months of May, June, July and August.**

Est. # of Players \_\_\_\_\_ Other special arrangements: Shotgun (minimum of 72 players): \_\_\_\_\_ Flag Prizes \_\_\_\_\_

**Date Requested:** \_\_\_\_\_ **Day of Week:** \_\_\_\_\_ **Starting Time:** \_\_\_\_\_

Organization or Company Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Tournament Representative: \_\_\_\_\_

Phone (w): \_\_\_\_\_ (h): \_\_\_\_\_ Email \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Food & Beverage:

Tournaments and Events may have food catered in.

***All beverages must be purchased at Meadowlark Hills Golf Course. (NO DONATIONS)***  
***All alcoholic beverages tabbed must be paid for immediately following play.***

I have read this request form in full and agree to perform as stated above:

Signature of Tournament Representative: \_\_\_\_\_

Approved: Golf Professional: \_\_\_\_\_