

LAKEVIEW GOLF & COUNTRY CLUB

2 PERSON MEMBERS CHOICE 2026

MEMBER CAN CHOOSE A GUEST OR ANOTHER MEMBER
SAT: 9 HOLE SHAMBLE - 9 HOLE CHAPMAN - SUN: BESTBALL

AUG 22nd - 23rd 10 AM SHOTGUN

ENTRY DEADLINE: AUG 16th

PROSHOP: (509) 237 - 0322

proshop@lakeviewgroups.com

lakeviewgolfsoaplake.com

(WITHDRAWAL FROM THE TOURNAMENT AFTER THE DEADLINE WILL RESULT IN LOSS OF ENTRY FEE)

\$ 125 PER MEMBER

\$ 200 PER NON - MEMBER

2 PLAYER TEAMS

10 STROKE HANDICAP SPREAD

MAX HANDICAP

TEAM: AGE 0-69 = 36

TEAM: AGE 70 + = 40

MEN # 2 WHITE : WOMEN # 5 RED TEES



RV HOOKUPS

2 with WATER

\$ 50 PER NIGHT

6 WITH JUST POWER

\$ 40 NIGHT

LIMITED AVAILABILITY

WE MAY CONFIRM HANDICAP FROM HOME COURSES TO PARTICIPATE IN AUCTION

ENTRY FEE INCLUDES

ADDITIONAL

K P

PRACTICE ROUND - FRIDAY

RANGE BALLS (SAT & SUN)

LUNCH (ON TURN SATURDAY & AFTER SUNDAY RD)

SIDE GAMES

GROSS & NET HONEY POT - SAT

GROSS & NET SKINS SAT & SUN

DUECE POT SAT & SUN

DINNER: SATURDAY

SATURDAY OPTION

9 HOLE EVENT

AFTER SAT ROUND

DINNER AFTER 9 HOLE EVENT



HOTELS

THE INN AT SOAP LAKE

SMOKIAM RV RESORT

BEST WESTERN RAMM

TEXT FOR INFO

360-710-7996

LAKEVIEW PRO

JACOB RAWLEY

PROSHOP: 509-237-0322

proshop@lakeviewgroups.com

LAKEVIEW GOLF & COUNTRY CLUB

MEMBERS CHOICE * 2 PERSON TEAMS AUG 22nd - 23rd

THIS FORM MUST BE COMPLETED WITH PAYMENT IN ORDER TO BE ADDED TO THE OFFICIAL TOURNAMENT ROSTER

PLAYER 1

NAME: _____

PHONE: _____

EMAIL: _____

HOME

COURSE: _____

GHIN NUMBER: _____

PLAYER 2

NAME: _____

PHONE: _____

EMAIL: _____

HOME

COURSE: _____

GHIN NUMBER: _____

CART RESERVATION \$ 30 / DAY
(MARK WHICH DAYS YOU NEED A CART)

FRIDAY:___ SATURDAY:___ SUNDAY: ___

RV SPOT RESERVATION \$ 40 - \$ 50 / DAY
(MARK WHICH DAYS YOU NEED A RV SPOT)

FRIDAY:___ SATURDAY:___ SUNDAY: ___

PAYMENT OPTIONS

***CREDIT CARDS --- CASH -CHECK (received BY AUG 16TH)**

***(A \$ 10 PROCESSING FEE FOR EACH PLAYER IF PAYING WITH CREDIT CARD)**

IF PAYING WITH CREDIT CARD: PLEASE FILL OUT THE FOLLOWING INFORMATION

THIS AND ALL EVENTS AT LAKEVIEW PAYOUT IN EVENT CREDIT THAT EXPIRES DEC 31ST OF YEAR WON

CARD NUMBER: _____

EXP DATE: _____ ZIP: _____ CVC: _____

WHO ARE YOU PAYING FOR?

CIRCLE ONE

PLAYER 1 / BOTH PLAYERS



MAIL ENTRIES

[LAKEVIEW GOLF & CC](#)

[ATTN: MEMBERS CHOICE 2026](#)

19547 GOLF CLUB ROAD, SOAP LAKE WA 98851

PROSHOP: 509-237-0322

EMAIL ENTRIES

proshop@lakeviewgroups.com

LIVE TOURNEY

WILL BE USED FOR SCORING