



17<sup>th</sup> Annual  
Lathrop Cup &  
SCGA-SCPGA Scratch Pro-Am  
Tuesday - November 12, 2024



**PGA**  
Carolinas Section  
South Carolina Chapter

**SITE:** Musgrove Mill Golf Club  
Host Professional: Jeff Tallman, 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 12, 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:** 23 team limit: entry deadline is **November 9, 2024**

**SCHEDULE:** November 12 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 10. No refunds granted after November 10.

**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 Dawson Thornton at dawson@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 23 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 **2024 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 9, 2024**