

57TH ANNUAL COUPLES INVITATIONAL

FRIDAY, SEPTEMBER 19 – SATURDAY, SEPTEMBER 20, 2025

You are cordially invited to participate in the 57th Annual Couples Invitational held on Friday, September 19th through Saturday, September 20th, 2025 at Dominion Meadows Golf Club. Please send your RSVP with your team entry fee payment on or before Friday, September 12, 2025, to secure your spot.

FORMAT: Two-Person Teams (Format: Team Scramble – Gross & Net)

ENTRY FEE: Members: \$100 Per Player/ \$200 Per Team (No Entries after September 12)

Non-Members: \$125 Per Player/ \$250 Per Team (No Entries after September 12)

INCLUDED: Both Days (Green Fees, Cart Fees (Sat. Only), Trail Fees and Range Balls), prizes, horse race, all F&B functions. **No host bar, snack bar and \$50 cash honey pot. (Not Included)

Your R.S.V.P. Card must be returned or postdated by Friday, September 12. All fully paid entries must be received no later than Friday, September 12 otherwise they will be waitlisted. The field is limited to the first 60 teams. All other teams will be waitlisted. Only fully completed entries with full team payment will be accepted to reserve your spot. Accepted payment types are Cash, Check (Made out to Dominion Meadows Golf Club) or Credit Card (Processing fee of 3% applies). Entry Fee will be processed on the day received. Please call the Golf Shop or contact Sandy Davison our Head Golf Professional, if you have any questions.

DOMINION MEADOWS GOLF SHOP

SANDY DAVISON – HEAD GOLF PROFESSIONAL

Golf Shop Phone: 509-684-5508 Email: Sandy@golfdominionmeadows.com

FORMAT & HANDICAPS: The event will consist of 60 two-person teams. Teams can request their tee time for the practice round between 8:00am – 1:00pm on Friday. Teams will be paired into flights by handicap. The number of flights will be based on the number of entries. Teams with no handicap will be in the last flight. Each team will play 18 holes on Saturday (9:00am Shotgun). We will use the GHIN handicaps as of September 12 for all flights.

DOMINION MEADOWS GOLF CLUB

1851 East Hawthorne Avenue Colville, Washington 99114 Golf Shop: 509-684-5508

Website: www.golfdominionmeadows.com







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SCHEDULE OF EVENTS

FRIDAY, SEPTEMBER 19, 2025 - PRACTICE ROUND

7:30AM Practice Facilities Open

8:00AM – 1:00PM Optional Practice Round – Tee Times (Pick Your Own Tee Time)

Registration at the Dominion Tent

5:00PM – 6:00PM Team Putting Challenge (Included)

5:00PM – 8:00PM Hosted Hors d'oeuvres at the Elk Lounge

(Sponsored by the Dominion Ladies Club)

5:00PM – 9:00PM No Host Bar at the Elk Lounge (Not Included)

SATURDAY, SEPTEMBER 20, 2025 - ROUND ONE

7:30AM Practice Facilities Open

7:30AM – 9:00AM Continental Breakfast at Cedars by the Green

9:00AM Shotgun Start (60 Teams)

1:00PM – 2:00PM Scoring at Cedars by the Green

2:00PM - 3:30pm Horse Race - Holes 10, 18 (10 Teams - Will Have Teams From Each Flight)

3:30PM – 4:00PM Awards Presentation

4:00PM - 7:00PM Prime Rib Dinner at Cedars by the Green and the Elk Banquet Room

No Host Bar at the Elk Lounge (Not Included)

(Music at Cedars by the Green)

SUNDAY, SEPTEMBER 21, 2025

7:30AM Practice Facilities Open

8:00AM – 1:00PM Optional Extra Round – Tee Times (Pick Your Own Tee Time)

(50% Off Green Fees for Guest Couples)



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RSVP CARD (Return to the Golf Shop with Payment)

Name (Player #1):	Please Circle: Mo	ember or Guest
Address:		
Email Address:		
Home Club:		
Friday Practice Round (Player #1 – Included)	Yes:	No:
Friday Hors d'oeuvres (Player #1 – Included)	Yes:	No:
Saturday Prime Rib Dinner (Player #1 – Included)	Yes:	No:
Name (Player #2):	Please Circle: Mo	ember or Guest
Address:		
Email Address:		
Home Club:		
Friday Practice Round (Player #1 – Included)	Yes:	No:
Friday Hors d'oeuvres (Player #1 – Included)		No:
Saturday Prime Rib Dinner (Player #1 – Included)		No:
Practice Round Both Players (Preferred Time from 8am – 1pm?)	Tee Time Reques	ted:
Honey Pot (\$50 Per Team – If Paid with Entry, **\$100 if Paid at the	Event)	
DMGC Golf Cart (Only 36 DMGC Golf Carts Available for First 36 Req	uests) Yes:	No:
PAYMENT TYPE (Please Circle): Cash or Check or Cre	edit Card	
Name on Card:	Exp. Date:	
Credit Card #:		
Zip Code: (A 3% Credit Card Processing Fe		
		OFFICE USE ONLY

Date: ___

Signature: _____