

<b>HOLE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>OUT</b>
My Score										

<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>IN</b>	<b>TOTAL</b>

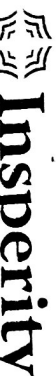
Contestant \_\_\_\_\_

Tee \_\_\_\_\_ Time \_\_\_\_\_

Date \_\_\_\_\_ Round \_\_\_\_\_

DO NOT WRITE  
IN THIS SPACE

# 2017 Official Scorecard



INVITATIONAL  
presented by UnitedHealthcare

<b>HOLE</b>	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>6</b>	<b>7</b>	<b>8</b>	<b>9</b>	<b>OUT</b>
Yards	520	371	158	413	456	573	414	221	418	3544
Par	5	4	3	4	4	5	4	3	4	36
Score										

<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>	<b>17</b>	<b>18</b>	<b>IN</b>	<b>TOTAL</b>
421	417	377	533	190	521	175	382	442	3458	7002
4	4	4	5	3	5	3	4	4	36	72

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MARKER'S SIGNATURE \_\_\_\_\_

COMPETITOR'S SIGNATURE \_\_\_\_\_