



**Golf Course Superintendents Association  
of New Jersey**  
25 US Highway 46 West,  
Wayne, New Jersey 07470  
1-866.427.2651 • Fax: 973.812.6529 • [www.gcsanj.org](http://www.gcsanj.org)

**2015  
THE BOB LESLIE CUP RULES  
Sign up by 4/25/15**

The rules for this tournament are very simple. You have just started a single elimination match play tournament. Each player must have a handicap index before the start of play or else they have to play as a zero handicap player. Please keep your handicap current so there won't be any questions concerning the accuracy of these numbers. Everyone should use their index at each course before the start of play so they have accurate handicaps. Doing this after play has started is not allowed.

At the start of play, please determine who has the lowest handicap. Use the corresponding handicap for the golf course played. We will play off the lowest handicap so this player adjusts his handicap to zero and the number of strokes he has to take off to reach zero is the same number every other player in this match takes off their present handicap. If a player is a 5, and he becomes a zero (0), and the ten in the group becomes a 5 and the 25 in the group becomes a twenty, and the 36 in the group becomes a 31. Play the match until there is a winner.

Once we have the brackets, a time schedule will be set up. The GCSANJ golf committee will enforce deadlines for the Leslie Cup and there are no extensions. At least one member of each team will be notified 7-10 days prior to the deadline that a match must be completed. If needed, a match can be played 1 on 1 or 2 on 1 if there are scheduling conflicts. If the match is not completed by the deadline, each team will have an odd or even number listed on the brackets. The winner will be decided whether the NJ Lottery evening pick 3 is odd or even on the day of the deadline.

Have fun!!!

Mark Peterson  
Chair  
609-839-1998



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## 2015 THE BOB LESLIE CUP REGISTRATION FORM

### Sign up by 4/25/15

TODAY'S DATE: \_\_\_\_\_ **Names of your team members:** (Please print)

1. \_\_\_\_\_ 2. \_\_\_\_\_

HDCP Index 1: \_\_\_\_\_ HDCP Index 2: \_\_\_\_\_

Choose the division that you want to be placed:

**North** \_\_\_\_\_ **South** \_\_\_\_\_

Name: \_\_\_\_\_ Class \_\_\_\_\_

Club: \_\_\_\_\_

Club Address: \_\_\_\_\_

Phone to contact you if needed: \_\_\_\_\_

EMAIL for updates \_\_\_\_\_

\_\_\_\_\_ **\$ 20.00 PER TEAM** \_\_\_\_\_ **\$10.00 (I have no Partner)**

**You must pay with this form. We do not invoice clubs for this event. Sorry, no refunds.**

**Total Amount \$** \_\_\_\_\_

**PAYMENT BY:** Check  # \_\_\_\_\_ \* **CREDIT CARD:**  Visa  MasterCard  Amex

CARD #: \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_ // \_\_\_\_\_ //

EXPIRATION DATE (MM/YY): \_\_\_\_\_ // \_\_\_\_\_ SECURITY CODE #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

SIGNATURE \_\_\_\_\_

Make Checks Payable to:  
Mail to:

GCSANJ  
GCSANJ Bob Leslie Cup  
25 US Highway 46 West, Wayne, NJ 07470-6801  
Ph: (973) 812-0710 • Fax: (973) 812-6529  
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