Ridgeview Country Club

Invites you to the 77th Annual

Women's Arrowhead

August 7-9, 2025

Format – Net Match Play within flights, Shotguns on Friday / Saturday

Flights created by USGA Handicap. MAX HDCP is 40

Thursday, August 7th – Practice Round

Each participant receives one practice round with paid entry
Each participant receives one complimentary round with entry received by 7.28.25
18-Hole Practice Round I Make your own tee times with the Pro Shop
Registration in lobby beginning at 6 pm

Friday, August 8th

7:00 am I Registration
7:30 am I Breakfast Buffet
9:00 am I Shotgun 9-Hole Match
11:00 am I Lunch Buffet
12:30 pm I Shotgun 9-Hole Match
Putting Contest
5 pm I Social & Dinner

Saturday, August 9th

7:30 am I Breakfast Buffet
8:30 am I Shotgun 18-Hole Match
Awards Ceremony following completion
of Final Match

Additional Notes

Cart Fee for the weekend I $54
Bag Storage available for 3 days I $20

Our goal is to create a fun experience for all! Handicaps used (max 40) in matches levels the playing field.
We will have a fun putting contest and great dinner on Friday evening but we want to keep in informal – golf attire.

Entry Fee

Ridgeview Member $125

Non-Member $200

Entries received by July 28th will receive a free guest pass to Ridgeview Country Club.

Cancellations after August 1st are non-refundable

Entry Includes

Practice Round
Two 18-Hole Rounds
Guest Pass if paid by July 28th
Two Breakfast Buffets
Lunch Buffet on Friday
Dinner on Friday
Golf Shop Certificates & Prizes
Guaranteed Fun at RCC!

Ridgeview Country Club

Invites you to the 77th Annual

Women's Arrowhead

August 7-9, 2025

Ridgeview Country Club
700 W. Redwing Street
Duluth, MN 55804

218-728-3285
Call for Practice Round
Tee Times

Member $125 ☐

Non-Member $200 ☐

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Phone #: _____

Home Course: _____

GHIN #: _____ USGA Index: _____

Cart Needed: Yes ☐ No ☐
$54 for 2 days & practice round | shotgun starts tournament

Payment Method: Member Charge ☐ Check ☐ CC ☐

Card #: _____ Exp: _____ CVC: _____ Billing Zip: _____

Signature: _____