

Northern California Golf Association



2019

OFFICIAL ENTRY

21st ANNUAL SENIOR FOUR-BALL NET CHAMPIONSHIP

(TWO-PERSON NET BETTER BALL)
POPPY HILLS GC, PEBBLE BEACH, CA

Tournament Schedule and Deadlines

Team(s) Entry Deadline..... July 14, 2019
Sectional Qualifying..... August 1 - 10, 2019
Championship Proper (Mon. - Tues.)..... September 16 - 17, 2019

Qualifying: \$270 Per Team
48 Teams Advance to Championship Proper

Entry application and appropriate fee must reach Northern California Golf Association, Tournaments, 3200 Lopez Road, Pebble Beach, CA 93953.

INCOMPLETE ENTRIES WILL NOT BE ACCEPTED

TOURNAMENT CHAIRMAN SECTIONS MUST BE COMPLETED

ENTER YOUR QUALIFYING TEAM ON THE REVERSE SIDE

QUALIFYING ENTRY FEE: \$270.00 \$ 270.00/team
**NCGA FOUNDATION DONATION -OPTIONAL \$ _____
TOTAL AMOUNT ENCLOSED: \$ _____

PLEASE MARK TOP THREE QUALIFYING SITE CHOICES IN ORDER OF PREFERENCE: (#1, #2, #3)

- Metropolitan GL (8/1) Reserve at Spanos Park (8/2) Castle Oaks GC (8/3)
Coyote Creek GC (8/6) Haggin Oaks GC (8/7) Poppy Ridge GC (8/7)
Oakmont GC (8/7) Rancho Solano GC (8/7) Del Monte GC (8/8)
Sunnyside CC (8/8) Peach Tree CC (8/9) Paso Robles GC (8/10)

CLUB # _____ CLUB NAME: _____

(See back of the Bluebook)

OF TEAMS YOUR CLUB IS SENDING _____ THIS IS ENTRY # _____ OF _____

TEAM ALLOCATION: NUMBER OF TEAM(S) ALLOWED BASED ON NCGA CLUB MEMBERSHIP AS OF JANUARY 15, 2018.

- 1 - 2 person team: 20-100 active golfing NCGA members
2 - 2 person teams: 101-350 active golfing NCGA members
3 - 2 person teams: Over 350 active golfing NCGA members

HOW MANY of your members TRIED TO QUALIFY AT YOUR CLUB? _____ (enter this information on entry #1 only)

PLAYER #1 NCGA Member # _____ CURRENT HANDICAP INDEX: _____

NAME:

PHONE: () _____
First PLEASE PRINT Last DAY

ADDRESS: _____ Street City Zip
Qualifying site determined by this zip code if qualifying site not marked above

Male / Female DATE OF BIRTH - - AGE: E-MAIL:
(Please circle) (As of August 1, 2019)

PLAYER #2 NCGA Member # _____ CURRENT HANDICAP INDEX: _____

NAME: _____ PHONE: () _____
First PLEASE PRINT Last DAY

ADDRESS: _____ Street City Zip

Male / Female DATE OF BIRTH - - AGE: E-MAIL:
(Please circle) (As of August 1, 2019)

ATTENTION TOURNAMENT CHAIRMAN:

ENTRY IS ONLY OPEN TO THOSE CLUBS THAT HAVE MET THE REQUIREMENTS OF THE NCGA HANDICAP CERTIFICATION PROGRAM INCLUDING THE SUCCESSFUL COMPLETION OF AN NCGA HANDICAP CERTIFICATION SEMINAR.

ALL CLUB QUALIFIERS MUST BE HELD PRIOR TO THE TOURNAMENT CLOSE DATE. IN ORDER FOR YOUR CLUB TO PARTICIPATE IN THIS EVENT ALL SECTIONS OF THIS ENTRY MUST BE COMPLETE. IF NOT, IT WILL BE RETURNED WITHOUT ACTION.

The players have read and agree to observe all regulations and conditions as stated in the entry jacket and the "Tournament Policies." They can also be found on the NCGA Website at www.ncga.org.

Tournament Chairman (or Club Official) Name (Please Print) Title

Address City Zip

() E-mail

Day Phone

ENCLOSED IS MY CHECK PAYABLE TO THE NCGA OR PLEASE BILL MY CREDIT CARD:

American Express Discover MasterCard Visa Card # _____

Signature (Required) Exp. Date / Security Code: _____

** Thank you for your support. Donations are Tax Deductible