

NET AMATEUR CHAMPIONSHIP - 3170.1052

QUALIFYING ENTRY FEE: \$135.00 PER PLAYER \$ _____
**NCGA FOUNDATION DONATION -OPTIONAL \$ _____
TOTAL AMOUNT ENCLOSED: \$ _____
** Thank you for your support. Donations are Tax Deductible

CLUB # _____ CLUB NAME: _____

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

2 entries/players: 20-150 active golfing members
4 entries/players: 151-350 active golfing members
6 entries/players: Over 350 active golfing members

OF PLAYERS THE CLUB IS SENDING _____ THIS IS ENTRY # _____ OF _____

QUALIFYING SITES: PLEASE CIRCLE PREFERRED DATE AND MARK TOP THREE LOCAL QUALIFYING
SITE CHOICES IN ORDER OF PREFERENCE: (#1, #2, #3)

_____ Bidwell Park GC _____ Castle Oaks GC _____ Coyote Creek GC _____ Del Monte GC
_____ Haggin Oaks GC _____ Paradise Valley GC _____ Poppy Ridge GC _____ Sunnyside CC
_____ Tilden Park GC

NCGA Member # _____ CURRENT INDEX: _____

PLAYER'S NAME: _____ DAY PHONE: () _____
First PLEASE PRINT Last

ADDRESS: _____
Street City Zip

Male / Female Age: _____ Date of Birth: _____ - _____ - _____ E-mail: _____
(Please circle)

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

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

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: _____
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