Northern California Golf Association



2018

20th ANNUAL SENIOR FOUR-BALL NET CHAMPIONSHIP

(TWO-PERSON NET BETTER BALL) POPPY RIDGE GC, LIVERMORE, CA

Tournament Schedule and Deadlines

Team(s) Entry Deadline	July 15, 2018
Sectional Qualifying	August 8, 2018
Championship Proper (ThursFri)	September 10 - 11, 2018

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

SENIOR FOUR-BALL NET CHAMPIONSHIP - 3172.1052

Signature (Required)

			**NCGA FO	IG ENTRY FEE: \$270. DUNDATION DONA ⁻ OUNT ENCLOSED:		\$ 270.00/team DNAL \$ \$	
PLEASE MARK TOP	THREE QUALIFYIN	G SITE CHOICES IN ORD	ER OF PREFERENC	E: (#1, #2, #3)			
Boundary Oa Del Monte G Oakmont GC	Boundary Oak GC Castle Oaks GC Haggin Oaks GC Paradise Valley GC			Coyote Creek GC Monarch Bay GC Paso Robles GC			
Peach Tree 0	3C	Keserv	e at Spanos Parl	(Sunn	yside CC	
CLUB #(See bad	ck of the Bluebook)	CLUB NAME: _					
# OF TEAMS YOU	IR CLUB IS SEND	ING THIS I	S ENTRY #	OF			
TEAM ALLOCATION: N	NUMBER OF TEAM(S) ALLOWED BASED ON NO	GA CLUB MEMBERS	HIP AS OF JANUARY 1	5, 2018.		
		1 - 2 person team:2 - 2 person teams:3 - 2 person teams:	101-350 active g	fing NCGA member olfing NCGA member golfing NCGA memb	ers		
HOW M	IANY <u>of your men</u>	nbers TRIED TO QUALIF	Y AT YOUR CLUB?	(enter	this informa	ntion on entry #1 only)	
PLAYER #1 NCGA	Member #/_		CURRENT	HANDICAP INDEX: _			
				5.1.5.1.5. <i>1</i>	, N	AME:	
	First	PLEASE PRINT	Last	PHONE: () DAY		
ADDRESS:						Qualifying site determined	
	reet	City		Zip		by this zip code if qualifying site not marked above	g
Male / Female (Please circle)	DATE OF BIRTH _	-	AGE:(As of August 8, 20	E-MAIL:			
PLAYER #2 NCGA	Member #/_	_///	CURRENT	HANDICAP INDEX: _			
NAME:	First	PLEASE PRINT	Last	PHO	NE: ()_		
	riist	PLEASE PRINT	Last			DAY	
ADDRESS:	Street		City		 Zip	•	
	Street		City		214	,	
Male / Female (Please circle)	DATE OF BIRTH _	-	AGE: (As of August 8, 20	E-MAIL:			
ATTENTION TOUR	NAMENT CHAIF	RMAN:					
		S THAT HAVE MET THE NCGA HANDICAP CER			DICAP CERTI	FICATION PROGRAM IN	ICLUDING
		OR TO THE TOURNAMENT ILL BE RETURNED WITHOU		DER FOR YOUR CLUB 1	TO PARTICIPA	TE IN THIS EVENT ALL SEC	TIONS OF TH
The players have realso be found on the	_		nd conditions as s	tated in the entry ja	acket and th	e "Tournament Policie	s." They car
Tournament Chairmar	ı (or Club Official) N	ame	(Please Prin	t)		Title	
Address			City			Zip	
() Day Phone		E-mail					
		TO THE NCGA OR PL		_			
/e.ieuii Expi		- Induction		Date /	Sec	urity Code:	

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