Northern California Golf Association

NCGA
GOLF SINCE 1901

2 0 1 9

OFFICIAL ENTRY

52nd ANNUAL FOUR-BALL NET CHAMPIONSHIP

(TWO - PERSON BETTER BALL)

POPPY HILLS GC, Pebble Beach CA and Carmel Valley Ranch, Carmel CA

Tournament Schedule and Deadlines

Team(s) Entry Deadline ..... April 21, 2019
Sectional Qualifying ..... May 9 - 23, 2019
Championship Proper (Mon – Tues) .....June 17-18, 2019

Qualifying: $270 Per Team
48 Teams Advance to Championship Proper
Championship: No Additional Fee

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 SECTION MUST BE COMPLETED

ENTER YOUR QUALIFYING TEAM ON THE REVERSE SIDE

FOUR-BALL NET CHAMPIONSHIP – 3158.1052

QUALIFYING ENTRY FEE: $270.00 **$ 270.00/TEAM**
****NCGA FOUNDATION DONATION -OPTIONAL** **$_____**
TOTAL AMOUNT ENCLOSED: **$_____**
**** Thank you for your support. Donations are tax deductible.**

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

____ Reserve at Spanos Park (5/9)	____ Hiddenbrooke GC (5/9)	____ Peach Tree CC (5/9)
____ Paso Robles GC (5/10)	____ Castle Oaks GC (5/11)	____ Oakmont GC (5/11)
____ Berkeley CC (5/13)	____ Coyote Creek GC (5/15)	____ Haggin Oaks GC (5/16)
____ Crazy Horse Ranch GC (5/17)	____ Sunnyside CC (5/20)	____ Poppy Ridge GC (5/23)

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, 2019.

20 – 150 active golfing members	1 team
151 – 350 active golfing members	2 teams
351+ active golfing members	3 teams

PLAYER #1 NCGA Member #___/___/___/___/___/___/___ **CURRENT HANDICAP INDEX: _____**

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

ADDRESS: _____
Street **City** **Zip**

Qualifying site determined by this zip code If not marked above

Male / Female (Please circle) **DATE OF BIRTH: _____-_____-_____AGE: _____ E-MAIL:_____**

_____

PLAYER #2 NCGA Member #___/___/___/___/___/___/___ **CURRENT HANDICAP INDEX: _____**

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

ADDRESS: _____
Street **City** **Zip**

Male / Female (Please circle) **DATE OF BIRTH: _____-_____-_____** **AGE: _____** **E-MAIL:_____**

A T T E N T I O N T O U R N A M E N T C H A I R M A N :

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 "Tournament Policies." These can 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? _____ (enter this 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 #_____**

_____ **Exp. Date _____ /_____** **Security Code: _____**
Signature (Required) **** Thank you for your support. Donations are Tax Deductible**