

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

SENIOR FOUR-BALL NET CHAMPIONSHIP – 3172.1052

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

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