29th ANNUAL ASSOCIATE CLUB FOUR-BALL NET CHAMPIONSHIP
(TWO-PERSON NET BETTER BALL)

CARMEL VALLEY RANCH, CARMEL, CA & POPPY HILLS GC, PEBBLE BEACH, CA

Tournament Schedule and Deadlines

Team Entry Deadline................................................................. April 12, 2020
Sectional Qualifying ................................................................. May 4 - 9, 2020
Championship Proper (Mon. - Tues.) ........................................ June 15 - 16, 2020

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 by the entry deadline.

INCOMPLETE ENTRIES WILL NOT BE ACCEPTED
TOURNAMENT CHAIRMAN SECTIONS MUST BE COMPLETED

ENTER YOUR QUALIFYING TEAM ON THE REVERSE SIDE
ASSOCIATE CLUB FOUR-BALL NET CHAMPIONSHIP – 3162.1052

ENTRY FEE: $270.00 per team

NCGA FOUNDATION DONATION (OPTIONAL) **

TOTAL AMOUNT ENCLOSED: $______

CLUB #___________________________CLUB NAME: __________________________________________________________

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

Team allocation: All Associate Clubs may send up to three teams.

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

______ Santa Rosa GCC 5/4
______ Baylands GL 5/6
______ Haggins Oaks GC 5/7
______ Hiddenbrooke GC 5/6
______ Poppy Ridge GC 5/7
______ Del Monte GC 5/8
______ Monarch Bay GC 5/9

PLAYER #1 NCGA Member #____/____/____/____/____/____/____ CURRENT INDEX: _______

NAME: _______________________________________________________________ DAY PHONE: (____)__________

First PLEASE PRINT Last

ADDRESS: ___________________________________________________________ Qualifying site determined

Street City Zip by this zip code.

Male / Female DATE OF BIRTH: ______ - ______ - ______ AGE: ______ E-MAIL: ______________________________

(Please circle)

PLAYER #2 NCGA Member #____/____/____/____/____/____/____ CURRENT INDEX: _______

NAME: _______________________________________________________________ DAY PHONE: (____)__________

First PLEASE PRINT Last

ADDRESS: ___________________________________________________________ Qualifying site determined

Street City Zip by this zip code.

Male / Female DATE OF BIRTH: ______ - ______ - ______ AGE: ______ E-MAIL: ______________________________

(Please circle)

HOW MANY of your members TRIED TO QUALIFY AT YOUR CLUB? ________ This information aids the NCGA in serving

your future tournament needs.

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 “Tournament Policies” 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 #: __________________________

___________________________ Exp. Date _____/_____ Security Code: ______

Signature (Required) ** Thank you for your support. Donations are Tax Deductible