Northern California Golf Association

2020

OFFICIAL ENTRY

53rd 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 ................................................................. May 3, 2020
Sectional Qualifying ................................................................. May 26 – 30, 2020
Championship Proper (Mon – Tues) ................................. June 22 - 23, 2020

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 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)

___ Fountaingrove GAC 5/26
___ Coyote Creek GC 5/28
___ Peach Tree CC 5/28
___ Poppy Ridge GC 5/28
___ Sunnyside CC 5/28
___ Castle Oaks GC 5/29
___ Crazy Horse Ranch 5/29
___ Paso Robles GC 5/29
___ Ancil Hoffman GC 5/30
___ Monarch Bay GC 5/30

CLUB #__________________ CLUB NAME: __________________________________________________________

(See back of the Bluebook)

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

TEAM ALLOCATION: ALL CLUBS MAY SEND UP TO THREE TEAMS.

PLAYER #1 NCGA Member #__/__/__/__/__/__/__/ CURRENT HANDICAP INDEX: __________

NAME: ________________________________________ DAY PHONE: (___) ______________________

First PLEASE PRINT Last

ADDRESS: __________________________________________________________

Street City Zip

Male / Female DATE OF BIRTH: ___-___-____ AGE: _____ E-MAIL: __________________________

(Please circle)

PLAYER #2 NCGA Member #__/__/__/__/__/__/__/ CURRENT HANDICAP INDEX: __________

NAME: ________________________________________ DAY PHONE: (___) ______________________

First PLEASE PRINT Last

ADDRESS: __________________________________________________________

Street City Zip

Male / Female DATE OF BIRTH: ___-___-____ AGE: _____ 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 “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**