Northern California Golf Association

2020 OFFICIAL ENTRY

22nd ANNUAL SENIOR FOUR-BALL NET CHAMPIONSHIP
(TWO-PERSON NET besser BALL)
POPPI HILLS GC, PEBBLE BEACH, CA

Tournament Schedule and Deadlines

Team(s) Entry Deadline........................................ August 2, 2020
Sectional Qualifying............................................. August 24 - 29, 2020
Championship Proper (Mon. - Tues.)........................ September 14 - 15, 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.

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)

___ Cameron Park CC 8/24
___ Santa Rosa GCC 8/24
___ Crystal Springs GC 8/27
___ Metropolitan GL 8/27
___ Peach Tree CC 8/27
___ Del Monte GC 8/28
___ Hiddenbrooke GC 8/28
___ Ancil Hoffman GC 8/29
___ Monarch Bay GC 8/29
___ Paso Robles GC 8/29

CLUB ___________________________ CLUB NAME: _____________________________

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

TEAM ALLOCATION: All Clubs may send up to three teams.

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: ( ) _______ ______

ADDRESS: ________________________________________________________________

First PLEASE PRINT Last DAY

Street City Zip

Male / Female DATE OF BIRTH ______-____-____ AGE: _______ E-MAIL: __________________________

(As of August 1, 2019)

QUALIFYING site determined by this zip code if qualifying site not marked above

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

NAME: ______________________________________________________ PHONE: ( ) _______ ______

ADDRESS: ________________________________________________________________

First PLEASE PRINT Last DAY

Street City Zip

Male / Female DATE OF BIRTH ______-____-____ AGE: _______ E-MAIL: __________________________

(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 #______________________________
______________________________ Exp. Date ____/____ Security Code: _______

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