

Northern California Golf Association

2020

OFFICIAL ENTRY

22nd ANNUAL SENIOR FOUR-BALL NET CHAMPIONSHIP

(TWO-PERSON NET BETTER BALL)
POPPY RIDGE GC, LIVERMORE, 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)

- | | | |
|--|--|---|
| <input type="checkbox"/> Cameron Park CC 8/24 | <input type="checkbox"/> Santa Rosa GCC 8/24 | <input type="checkbox"/> Metropolitan GL 8/27 |
| <input type="checkbox"/> Crystal Springs GC 8/27 | <input type="checkbox"/> Peach Tree CC 8/27 | <input type="checkbox"/> Del Monte GC 8/28 |
| <input type="checkbox"/> Hiddenbrooke GC 8/28 | <input type="checkbox"/> Ancil Hoffman GC 8/29 | <input type="checkbox"/> Monarch Bay GC 8/29 |
| <input type="checkbox"/> Paso Robles GC 8/29 | | |

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.

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

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