

Northern California Golf Association



6th Annual NCGA Master Division Four-Ball Championship

Entries Close: September 11, 2009

Championship Date: October 12-13, 2009

Championship Site: Bayonet GC

ELIGIBILITY: Players must have reached their 40th birthday by October 12th and have a numeric handicap index listed on their club's Master Report of 5.4 or less on the date of registration. Partners need not be members of the same club.

FORMAT: 36 holes of four-ball stroke play (18 holes per day). One partner may represent the team for any part or all of a stipulated round.

Entry application and appropriate fee must reach **Northern California Golf Association, Tournaments, PO Box 1157, Pebble Beach, CA 93953** on or before the entry closing date. **To overnight entries you must send to: NCGA Tournaments, 3200 Lopez Road, Pebble Beach, CA 93953.** E-mail, fax or walk-in entries will **not** be accepted.

Refund less \$20.00 if requested prior to closing date. 50% refund after closing date BUT MUST NOTIFY the NCGA by Monday, 5 PM prior to a tournament starting on Thursday, or by Wednesday, 5 PM prior to a tournament starting on Monday. **NO REFUNDS WITHIN 2 BUSINESS DAYS PRIOR TO EVENT.** See www.ncga.org NCGA Tournament Policies.



6th Annual NCGA Master Division Four-Ball Championship

NCGA Master Division Four-Ball Championship

Entries Close: September 11, 2009

Championship Date: October 12-13, 2009

Championship Site: Bayonet GC

Entry Code: 3080.2

Entry Fee: \$320* \$ 320.00

**NCGA Foundation (optional) \$ _____

Total Amount Enclosed \$ _____

Make checks payable to NCGA

Mail Entry Application and appropriate fee to:

Northern California Golf Association

PO Box 1157

Pebble Beach, CA 93953

Exempts: Consult the online exemption list at www.ncga.org

*Rental of golf carts, whether optional or mandatory is the player's responsibility.

** Thank you for your donation to the NCGA Foundation. Donations are tax deductible.

NCGA Member # _____ Home Association (if not the NCGA) _____
(or Member Number at Home Association)

NAME: _____ NCGA CLUB NAME _____
First PLEASE PRINT Last

ADDRESS: _____
Street City Zip

E-MAIL: _____ DAY PHONE: () _____

Male / Female DATE OF BIRTH: _____ - _____ - _____ AGE: _____ CURRENT INDEX: _____
(Please circle)

I have read the "Tournament Policies" on the NCGA website at www.ncga.org and the reverse side of this entry, and I agree to observe all regulations and conditions as stated. Note: NCGA membership is not official until a member's name and numeric handicap index are listed on the monthly Master Report of an official NCGA club.

Signature: _____ Date: _____

NCGA Member # _____ Home Association (if not the NCGA) _____
(or Member Number at Home Association)

NAME: _____ NCGA CLUB NAME _____
First PLEASE PRINT Last

ADDRESS: _____
Street City Zip

E-MAIL: _____ DAY PHONE: () _____

Male / Female DATE OF BIRTH: _____ - _____ - _____ AGE: _____ CURRENT INDEX: _____
(Please circle)

I have read the "Tournament Policies" on the NCGA website at www.ncga.org and the reverse side of this entry, and I agree to observe all regulations and conditions as stated. Note: NCGA membership is not official until a member's name and numeric handicap index are listed on the monthly Master Report of an official NCGA club.

Signature: _____ Date: _____