

Northern California Golf Association



12th Annual NCGA Parent-Child Championship

Entries Close: June 5, 2009

Championship Date: July 11-12, 2009

Championship Site: Poppy Ridge GC

Online registration encouraged for this event at www.ncga.org

ELIGIBILITY: Both team members must be members of the NCGA and have a numeric handicap index not to exceed 36.4 (men) or 40.4 (women) listed on their club's Master Report on date of registration. Relationship with the child must be natural, adopted or stepchild. Partners may have more than one generation between them (i.e. a grandfather may play with his grandson). Partners need not be members of the same club.

FORMAT: Foursome (alternate shot) Net Stroke Play. 36 holes - 18 holes per day. Entries will be put into three flights by team handicap. Team handicap is 50% of partners' combined course handicaps.

OVER SUBSCRIPTION: Entries will be accepted on a "first come, first served" basis. Entries received after the field is complete (78 teams) will be placed on a waiting list in the order received.

Mail Entry Application and appropriate fee to:

Northern California Golf Association - Tournaments
PO Box 1157
Pebble Beach, CA 93953

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.



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Entry Code: 3072.2

Entry Fee: \$200.00 *

**NCGA Foundation (optional)

Total Amount Enclosed

\$ 200.00

\$ _____

\$ _____

Make checks payable to NCGA

*Rental of golf casts, whether optional or mandatory are the players' responsibility

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

FIELD IS LIMITED TO THE FIRST 78 TEAMS. OTHERS WILL BE PLACED ON A WAITING LIST.

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: _____
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Signature: _____ Date: _____