

Northern California Golf Association



12th Annual NCGA Senior Four-Ball Stroke Play Championship

Entries Close: May 14, 2010
Championship Date: June 9-11, 2010
Championship Site: Poppy Hills GC

ELIGIBILITY: Players must have reached their 55th birthday by June 14, 2010 and have a numeric handicap index on their club's Master Report of 9.4 or less on the date of registration. Partners need not be members of the same club. One partner may represent the team for any part or all of a stipulated round.

FORMAT: 54 holes four-ball stroke play (18 holes per day) over three days. After 36 holes the field will be cut to the low 30 teams and ties.

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.



12th Annual NCGA Senior Four-Ball Stroke Play Championship

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

NCGA Senior Four-Ball Stroke Play Championship

Entries Close: May 14, 2010

Qualifying Date: n/a

Championship Date: June 9-11, 2010

Championship Site: Poppy Hills GC

Entry Code: 3074.2

Entry Fee: \$340 per team* \$ 340.00

**NCGA Foundation (optional) \$ _____

Total Amount Enclosed \$ _____

Make checks payable to NCGA

*Rental of golf carts, whether optional or mandatory at the qualifying/championship, 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: ___
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Signature: _____ Date: _____