

7th North Carolina Four-Ball Championship of the Carolinas Golf Association

October 25-27, 2002

Colonial Country Club, Thomasville, NC

Sapona Country Club, Lexington, NC



Open Date: September 9

Entry Fee: \$120

Close Date: October 14

ELIGIBILITY

Entry is open to any male amateur golfer who is a legal resident of North Carolina, is a member in good standing of a club which is a member of the Carolinas Golf Association and has a current (within 90 days of opening date) CGA handicap index. Entries are subject to rejection at any time, including during the event, by the CGA or the host club. The reason for rejection may include unbecoming conduct.

RULES

USGA Rules of Golf govern play. Local rules will be distributed at the starter's table. The Carolinas Golf Association reserves the right to alter the conditions or schedules as stated, including alteration of the stipulated round(s) at any time during the championship. Note: During the stipulated round, use of electronic telecommunications equipment and the like will NOT be allowed.

FORMAT

The championship is conducted at 54 holes of four-ball stroke play. After 36 holes, the field will be cut to the low 30 teams and ties for the final round.

PRIZES

The championship team will receive merchandise and trophies. The top 15 teams and ties will receive merchandise.

ENTRIES

Each team must complete an official entry form. No entry will be accepted prior to the opening date. **Entries will be accumulated for seven days, after which the final field will be selected by lowest team handicap index and CGA championship record.** Entries will be accepted until 5 p.m. of the closing date. The CGA is not responsible for errors or delays by any mail courier. Confirmation of acceptance and lodging information will be sent to the **first** player listed on this form when the field is filled or after entries close. Status may be checked weekly at www.thecga.org.

Entries must be returned to the Carolinas Golf Association, PO Box 319, West End, NC 27376. Fax, e-mail, telephone, late or incomplete entries will not be accepted. The entry fee must be paid by each team and must accompany this form. Only one entry per check. Daily cart fees are not included in the entry fee. Competitors may walk but must pay a cart fee during practice rounds. Make check payable to the Carolinas Golf Association. A player whose check is returned for insufficient funds may be disqualified indefinitely from CGA competitions. Refunds are not made after entries close except in the case of a verified player illness or death in the family. Refunds are not made for any reason on or after October 21.

Pairings and starting times will be posted at the club and at www.thecga.org the day before the championship. Special requests for starting times or pairings are not granted.

CGA: 910-673-1000 **Colonial Country Club:** 336-472-7501 **Sapona Country Club:** 336-956-6245

Detach, sign and mail the entry form with your fee to Carolinas Golf Association, PO Box 319, West End, NC 27376. Entries received before the opening date will be returned. Entry fee is \$120. Incomplete or illegible forms will be returned. **Keep the bottom portion for your records.**

EXEMPTIONS

There are no exemptions for this championship.

Championship Schedule

Thursday, October 24

Courses open for practice.

Friday, October 25

First round: 18 holes of four-ball stroke play. Half the field at each course.

Saturday, October 26

Second round: 18 holes of four-ball stroke play. Field changes courses.

Field cut to low 30 teams and ties for final round.

Sunday, October 27

Final round: 18 holes of four-ball stroke play at Colonial Country Club.

For office use only-I

Date Rec _____

Entry # _____

PC/Ltr Sent _____

WD CD Y N Chk# _____

Application for Entry
2002 North Carolina Four-Ball Championship
of the Carolinas Golf Association

Your name on CGA handicap card

Partner's name on CGA handicap card

IGN # _____
(may not be available at all clubs)

IGN # _____
(may not be available at all clubs)

If your address has
changed check here: _____

Address

If your address has
changed check here: _____

Address

City, State, Zip Code

City, State, Zip Code

(_____) _____ (_____) _____
Home phone Work phone

(_____) _____ (_____) _____
Home phone Work phone

(_____) _____
Mobile phone Occupation

(_____) _____
Mobile phone Occupation

E-mail address

E-mail address

Birthdate: ____/____/____ Age as of 10/25/02 ____

Birthdate: ____/____/____ Age as of 10/25/02 ____

Your CGA Club _____

Partner's CGA Club _____

CGA Handicap Index _____
(as of 9/9/02)

CGA Handicap Index _____
(as of 9/9/02)

If you are not receiving "Carolina Fairways" Magazine, please check here: _____

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We are members in good standing with the club(s) listed above. We have read all rules pertaining to this championship. We have completed this entry form and enclosed the entry fee. We agree to abide by all decisions of the CGA Championship Committee, the CGA Tournament Manual (located at www.thecga.org) and the conditions of play pertaining to this championship. We are aware that disqualification is the penalty for failure to do so. We release the Carolinas Golf Association, its committee members, officers, and staff from any and all liability for any event or consequence relating to entry or participation in this event.

Signatures _____ & _____

Entry fee is \$120 per team

