

The 4th Parent - Child Championship of the Carolinas Golf Association

**June 28, 2001
Seven Lakes Country Club
Seven Lakes, NC**



**Opening date: May 14
Closing date: June 18
Entry Fee: \$50 per team**

ELIGIBILITY

Entry is open to any team comprised of a parent and child in any combination **excluding male-male**. Step-parents and grandparents are allowed. At least one member of each amateur team must be a legal resident of one of the Carolinas, be a member in good standing of a club which is a member of the Carolinas Golf Association and have a current 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. The minimum age for entry is eight years as of the tournament date.

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 cell phones, pagers, beepers and the like will NOT be allowed.* **Any team failing to show for its assigned starting time without reasonable notification will be refused entry into future CGA Parent-Child championships.**

PRIZES

Merchandise will be distributed in each division based on the number of entries and to the overall champion.

FORMAT

Each team will play alternate shot except that both team members hit from each tee and then select the ball to be played. A team must then complete each hole with the ball selected.

ENTRIES

Each team must complete an official entry form. No entry will be accepted prior to the opening date. Entries will be accepted until 5 p.m. of the closing date. The CGA is not responsible for errors and/or delays by any mail courier. Confirmation of acceptance and lodging information will be mailed upon receipt of entry to the first person listed on this form. Pairings and starting times will be sent on or before June 22 to the **first** player listed on this form.

Entries must be returned to the Carolinas Golf Association, PO Box 319, West End, NC 27376. Fax, 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.

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 June 25.

SCHEDULE of PLAY at SEVEN LAKES CC

Wednesday, June 27	Course open for practice.
Thursday, June 28	9:00am shotgun start.
	Awards and buffet lunch served after completion of play.

PAIRINGS and STARTING TIMES

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

CGA: 910-673-1000

Seven Lakes CC: 910-673-1092

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 \$50 per team. Incomplete or illegible forms will not be accepted. Confirmation of acceptance will be mailed only to the first name on the entry form below. **Keep this bottom portion for your records.** It includes important phone numbers.

For office use only-1

Date Rec _____

Entry # _____

PC/Ltr Sent _____

WD CD Y N Chk# _____

Application for Entry

2001 Parent-Child Championship
of the Carolinas Golf Association

Circle one:
Male Female

Circle one:
Male Female

PARENT'S name on CGA handicap card (if applicable) _____

CHILD'S name on CGA handicap card (if applicable) _____

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

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

Address _____
If the address has changed check here: _____

Address _____
If the address has changed check here: _____

City, State, Zip Code _____

City, State, Zip Code _____

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

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

CGA Handicap Index _____ Age as of 6/29/01 _____

CGA Handicap Index _____ Age as of 6/29/01 _____

or good score for 18 holes _____

or good score for 18 holes _____

CGA Club _____ CGA Club _____

We certify that at least one team player listed is a member of a CGA club. 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. I 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 _____ & _____
Parent Child

Entry fee is \$50 per team

