

Carolinas Golf Association Women's Four-Ball One-Day Tournament



April 15, 2003 Brier Creek Country Club, Raleigh, NC

Open date: February 24

Close date: April 7

Entry Fee: \$40 + cart fees

Eligibility:

Entry is open to any team comprised of female (at birth) golfers who are members in good standing of a club which is a member of the Carolinas Golf Association and have current (within 90 days) CGA handicap indexes. 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 site. The Carolinas Golf Association reserves the right to alter the conditions or schedules as stated. The CGA official in charge reserves the right to withhold prizes for competitors whose handicaps are considered unrealistic or who have participated in a disproportionate share of CGA prize distributions.

Format:

Teams will compete at four-ball stroke play using full course handicap. Teams will begin play with a shotgun start at 9:30 a.m. A luncheon will follow.

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 will be mailed to the first player on the entry form below. Pairings will be available to the host club and on the internet at www.thecga.org. 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. Make check payable to Carolinas Golf Association. A check returned for insufficient funds may cause disqualification from future CGA competitions. Refunds are not made for any reason after entries close. **Daily cart fees are not included in the entry fee.**

**Please
Print**

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)

Address

Address

City, State, Zip Code

City, State, Zip Code

(_____) _____
Home Phone

(_____) _____
Work Phone

(_____) _____
Home Phone

(_____) _____
Work Phone

CGA Handicap Index _____ Date of birth _____

CGA Handicap Index _____ Date of birth _____

Your CGA Club _____

Your CGA Club _____

We have read all the rules pertaining to the CGA Women's Four-Ball One-Day event. We have completed the entry form and enclosed the entry fee. We agree to abide by all decisions of the CGA, the CGA Tournament Manual (located at www.thecga.org), and the conditions of play pertaining to this event. 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 \$40