

Look for
Tournament Information at
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FOUR BALL CHAMPIONSHIP

Thursday, September 23, 2021

REGISTRATION DEADLINE: APPLICATION MUST BE RECEIVED BY WEDNESDAY, SEPT. 8, 2021

WITHDRAWALS WILL NOT BE REFUNDED AFTER WEDNESDAY, SEPTEMBER 8

TOURNAMENT CART RULES: 2 RIDERS PER CART, MASKS MUST BE WORN, NO EXCEPTIONS

ENTRY FEE MUST BE INCLUDED WITH FORM

<u>DATE</u>	<u>FEE</u>	<u>LOCATION</u>	<u>DIVISIONS</u>
Thursday, September 23	\$120 Team of 2	Darlington Golf Course (Limited to first 50 Teams)	(both partners must fall into same division)
Raindate: Sept. 30		8:30 AM Shotgun	Men Ladies Senior Men (62+) Senior Ladies (62+) Super Senior Men (72+)

PRIZES WILL BE AWARDED FOR NET AND GROSS WINNERS. PLEASE INCLUDE YOUR USGA HANDICAP ON THE ENTRY FORM. ONLY TEAMS WHERE BOTH MEMBERS HAVE AN OFFICIAL USGA HANDICAP WILL BE ELIGIBLE FOR THE NET PRIZES.

MAKE CHECKS PAYABLE TO: **BERGEN COUNTY DEPARTMENT OF PARKS**

MAIL TO: **BERGEN COUNTY DEPARTMENT OF PARKS, GOLF ADMINISTRATION
SOLDIER HILL GOLF COURSE, 99 PALISADE AVE, EMERSON, NJ 07630**

Checks will not be deposited until the tournament is played. **Please postdate the check** to the date of the tournament.

Name: _____

Home Address: _____

City, State, Zip: _____

Home Phone: () _____ Work Phone: () _____

Male Female Age: _____ Date of Birth: _____

Email Address: _____ *Must be included. Pairing will be sent via email.

Partner's Name: _____ Male Female Age: _____ DOB _____

USGA Handicap: _____

GHIN# _____ - _____

Partner

USGA Handicap: _____

GHIN#: _____ - _____

Mandatory for Net Prizes

Pair with: _____

The Department of Parks does not guarantee pairing of choice.

AMATEUR STATUS: I am familiar with the USGA Rules of Amateur Status and I have conformed with these rules in every respect. I understand the Bergen Country Department of Parks rules and regulations and agree that this entry is subject to the approval or rejection at any time by the Tournament Officials. I understand that the use of alcohol, drugs, misconduct, unsportsmanlike behavior or not adhering to the rules may disqualify me.

Signature of Applicant: _____ Date: _____