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Tournament Information at
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FOUR BALL CHAMPIONSHIP

THURSDAY, SEPTEMBER 19, 2019

TOURNAMENT APPLICATION FORM

Registration Deadline: Application received by Wednesday, Sept. 4, 2019 at 4:00 p.m.

ENTRY FEE MUST BE INCLUDED WITH FORM

DATE/TOURNAMENT	FEE	LOCATION	TEAMS
Thursday, September 19 BERGEN FOUR-BALL Raindate: Sept. 26	\$120 Team of 2	Soldier Hill Golf Course 8:30 AM Shot Gun - Limit 60 Teams	(both partners must fall into same division) Men, Ladies, Senior Men (62+) Senior Ladies (62+) Super Sr 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,
 One Bergen County Plaza, Room 401, Hackensack, NJ 07601

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: () _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Date of Birth _____ Email Address: _____ <p style="text-align: center;">*Must be included. Pairings will be sent via email.</p> Partner's Name: _____ <input type="checkbox"/> Male <input type="checkbox"/> Female Age: _____ Date of Birth _____ 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 County 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.	USGA Handicap: _____ GHIN #: _____ - _____ Partner USGA Handicap: _____ GHIN #: _____ - _____ Mandatory for net prizes.
Please pair with: The Department of Parks does not guarantee pairing of choice.	
Signature of Applicant: _____ Date: _____	