



# BERGEN COUNTY SCRAMBLE GOLF TOURNAMENT

Look for  
Tournament Information at  
[www.bergengolf.org](http://www.bergengolf.org)

THURSDAY, JULY 26, 2018

## TOURNAMENT APPLICATION FORM

Registration Deadline: Application received by Wednesday, July 11, 2018 at 4:00 p.m.

**ENTRY FEE FOR ENTIRE TEAM MUST BE INCLUDED WITH FORM**

DATE	FEE	LOCATION	TEAMS
Thursday, July 26	\$240 per team	Darlington Golf Course - 8:30 AM Shot Gun	All Men All Women
Raindate: August 2	(\$60 per person)	<b>LIMITED TO FIRST 30 TEAMS</b>	Mixed

Prizes will be awarded for net and gross winners. Please include USGA handicap for each team member for team to be eligible for net prizes. All team members must have an official USGA handicap for team to be eligible for the net prizes.

**FORMAT:** Scramble - Each player tees off on each hole. The best of the tee shots is selected and all players play their second shots from that spot. The best of the second shots is determined, then all play their third shots from that spot, and so on until the ball is holed. A minimum of TWO DRIVES per team member is required.

Team Captain Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	USGA Handicap: _____ GHIN #: _____ - _____
Home Address: _____		Partner 2 USGA Handicap: _____ GHIN #: _____ - _____
City, State, Zip: _____		Partner 3 USGA Handicap: _____ GHIN #: _____ - _____
Home Phone: (    ) _____ Work Phone: (    ) _____		Partner 4 USGA Handicap: _____ GHIN #: _____ - _____
*Email Address: _____ <b>*Must be included. Pairings will be sent via email.</b>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Mandatory for net prizes.
Partner 2 Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	Checks will not be deposited until the tournament is played. <b>Please postdate the check</b> to the date of the tournament.
Partner 3 Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Partner 4 Name: _____	<input type="checkbox"/> Male <input type="checkbox"/> Female	
Signature of Applicant: _____		Date: _____

Make checks payable to: BC Department of Parks, Rm 401, One Bergen County Plaza, Hackensack, NJ 07601