



2010 OFFICIAL ENTRY FORM

Player's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

I certify that my USGA Index is: _____ and is recorded at _____

I choose to compete in: Open Division _____ Flight Competition _____

Player's Signature: _____

NO ENTRY FEE REFUNDS AFTER SEPTEMBER 1, 2010; NO EXEPTIONS!!!

ELIGIBILITY REQUIREMENT:

PLAYER MUST BE AN AMATEUR GOLFER WITH AN ESTABLISHED HANDICAP OF 12 OR LESS WHO HAS NOT COMPETED IN HIGH SCHOOL OR COLLEGE GOLF TOURNAMENTS DURING THE 24 MONTHS IMMEDIATELY PRECEDING THE 1ST ROUND OF THE McALLEN AMATEUR GOLF CHAMPIONSHIP. MEMBERS OF COLLEGE OR HIGH SCHOOL TEAMS ARE NOT ELIGIBLE

ENTRIES MUST BE ACCOMPANIED BY \$135.00 ENTRY FEE.

ENTRIES CLOSE ON FRIDAY, SEPTEMBER 10, 2010

DATE PAID: _____ RECEIPT No.: _____ CHECK _____ CC _____ CASH _____

