



**2009 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, 2009; 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 1<sup>ST</sup> 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 11, 2009.

DATE PAID: \_\_\_\_\_ RECEIPT No.: \_\_\_\_\_ CHECK \_\_\_\_\_ CC \_\_\_\_\_ CASH \_\_\_\_\_

