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# FOUR BALL CHAMPIONSHIP

FRIDAY, OCTOBER 7, 2011

## TOURNAMENT APPLICATION FORM

Registration Deadline: Application received by Wednesday, Sept. 21, 2011 at 4:00 p.m.

**ENTRY FEE MUST BE INCLUDED WITH FORM**

| DATE/TOURNAMENT   | FEE              | LOCATION             | TEAMS   |
|---|------------------|----------------------|---|
| <b>Friday, October 7</b><br>BERGEN FOUR-BALL<br>Raindate: October 14  | \$80<br>per Team | Overpeck Golf Course | (both partners must fall<br>into same division)<br>Men,<br>Ladies,<br>Senior Men (62+)<br>Senior Ladies (62+) |
| Prizes will be awarded for net and gross winners. Please include your USGA handicap on the entry form. Only those players with an official USGA handicap and at least 10 rounds posted in the current year 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.

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|---|--|
| Name: _____<br>Home Address: _____<br>City, State, Zip: _____<br>Home Phone: (    ) _____ Work Phone: (    ) _____<br><input type="checkbox"/> Male <input type="checkbox"/> Female    Age: _____ Date of Birth _____<br>Email Address: _____<br>Partner's Name: _____<br><input type="checkbox"/> Male <input type="checkbox"/> Female    Age: _____ Date of Birth _____   | USGA Handicap: _____<br>GHIN #: _____ - _____<br>Partner<br>USGA Handicap: _____<br>GHIN #: _____ - _____<br>Mandatory for net prizes. |
| Please pair with:<br><br>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 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. |  |
| Signature of Applicant: _____<br>Date: _____  |  |