

SAN JOAQUIN VALLEY MATCH PLAY
HOSTED BY RIVERBEND GOLF CLUB
N.C.G.A. POINT EVENT
JULY 24, 25, 26 2009

NAME _____

ADDRESS _____

CITY _____ ZIP _____

TELEPHONE (____) _____ DATE OF BIRTH _____ AGE _____

CLUB (Exact Name) _____ CLUB TOWN _____

Any incorrect information regarding age may cause entry to be declined.

Two Most Notable Golf titles 1. _____

2. _____

CERTIFICATION OF HANDICAP

APPLICANT'S CURRENT U.S.G.A. HANDICAP INDEX _____ GHIN # _____

CERTIFIED BY _____ TITLE _____

I agree to the championship regulations, attached. I have noted requirements for acceptance, notice of withdrawal. I agree that this entry is subject to rejection at any time (including during championship) by officials. The reason for rejection may include unbecoming conduct. I hereby resolve and hold harmless the Riverbend Golf Club and all other sponsors from any and all liability from my participation in such tournament.

SIGNATURE OF APPLICANT _____ DATE _____

ENTRY DEADLINE July 20, 2009

ENTRY FEE \$50.00 (PAYABLE TO Riverbend Golf Club)

PLAYERS CURRENT U.S.G.A. INDEX MUST BE 5.7 OR LESS

PLAYERS MUST BE 18 YEARS OF AGE OR OLDER ON OR BEFORE QUALIFYING ROUND

Riverbend Golf Club
43369 Ave 12
Madera, Ca 93636
559.432.3020
www.riverbendgolfclub.com