



**10<sup>TH</sup> SCGA SUPER SENIOR AMATEUR CHAMPIONSHIP  
TIJERAS CREEK GOLF CLUB · NOVEMBER 30-DECEMBER 1, 2009**

**For inquiries please call the SCGA at (818) 980-3630**

**ELIGIBILITY:** The championship is open to SCGA members with an established current index of 18.4 and below at the time of registration. Super Senior Amateur entrants must have reached their 65<sup>th</sup> birthday by November 30, 2009.

**FORMAT:** 36-hole stroke play championship. Gross and Net prizes will be awarded.

**HANDICAPPING NET EVENTS:** The lowest index of the last three months shall be used during each phase of the competition. In addition, the SCGA Rules & Competitions Committee reserves the right to adjust a player's course handicap at any time prior or during the competition.

**ENTRY DEADLINE:** Entries will be placed into the championship in the order of entry received. A properly completed entry form and valid check must be received by **Wednesday, November 4, 2009** at the SCGA tournament mailing address:  
**SCGA R&C Dept. · P.O. Box 7186 · North Hollywood, CA 91615**

**ENTRY FEE:** \$125. **Refund policy:** Refund less \$10.00 processing fee if requested prior to closing date. 50% refund after the closing date and 48 hours prior to the event. No refunds will be honored within 48 hours of the event.

**CHAMPIONSHIP ROUNDS: 36 Holes · Tijeras Creek Golf Club · Rancho Santa Margarita**  
**Mon. Nov. 30.....18 holes stroke play · Tues. Dec. 31.....18 holes stroke play**

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**OFFICIAL ENTRY FOR 10<sup>TH</sup> SCGA SUPER SENIOR AMATEUR CHAMPIONSHIP  
TIJERAS CREEK GOLF CLUB · NOVEMBER 30-DECEMBER 1, 2009  
Send entries to: SCGA R&C Dept. · P.O. Box 7186 · North Hollywood, CA 91615**

<b>Entry Code:</b> 404.23	<b>Qualifying Entry Fee:</b> \$125	\$ 125.00
<b>Entries Close:</b> November 4, 2009	*SCGA Foundation (optional)	\$ _____
<b>Make Checks payable to SCGA</b>	Total Amount Enclosed	\$ _____

\* Thank you for your donation to the SCGA Foundation. Donations are tax deductible.

**SCGA Member #** \_\_\_\_\_ **CURRENT INDEX:** \_\_\_\_\_

**NAME:** \_\_\_\_\_ **SCGA CLUB NAME:** \_\_\_\_\_  
First PLEASE PRINT Last

**ADDRESS:** \_\_\_\_\_  
Street City Zip

**E-MAIL:** \_\_\_\_\_ **DAY PHONE:** ( ) \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ **AGE:** \_\_\_\_ **CELL PHONE:** ( ) \_\_\_\_\_

**I have read the "2009 Tournament Entry Information" and the "SCGA Tournament Policies" and I agree to observe all regulations and conditions as stated. The SCGA reserves the right to refuse entries at any time.**

**PLAYER Signature:** \_\_\_\_\_ **DATE** \_\_\_\_\_