



OAHU COUNTRY CLUB
ESTABLISHED 1906

109th MANOA CUP

HAWAII STATE AMATEUR MATCH PLAY CHAMPIONSHIP
OAHU COUNTRY CLUB
June 12-17, 2017



Eligibility	Amateur golfers only with an active Hawaii State Golf Association GHIN® handicap index not exceeding 10.0 as of June 1, 2017. Players must walk for all Match Play rounds. Tournament committee reserves the right to reject or accept any application.		
Dates	June 12- Monday	Qualifying Rd (64 to qualify)	6:30am double tees
	June 13- Tuesday	1st round match play	6:30am
Open Division	June 14- Wednesday	2nd round	7:00am
Blue Tees	June 15- Thursday	Round of 16	7:00am
	June 16- Friday	Quarter & Semifinals	7:08am/ 12 noon
	June 17- Saturday	Final round (36 holes)	7:00am/ 11:30am
Dates Women's Division White Tees	June 12- Monday	Qualifying Rd (15 to qualify*)	6:30am #10
	June 13- Tuesday	Round of 16	11:26am
	June 14- Wednesday	Quarterfinals	9:24am
	June 15- Thursday	Semifinals	8:12am
	June 16- Friday	Final round (18 holes)	7:00am
Entry Information	\$200.00 per competitor; includes lunch buffet for players on June 12, 2017		
	Entries accepted: (1) online via the HSGA website www.hawaiistategolf.org		
	(2) check or money order made out to: HAWAII STATE GOLF ASSOCIATION		
	Entry Deadline: Monday June 5, 2017; Late fee: \$30.00; Last day for refund: June 7, 2017		
	Note: all participants must be a user of HSGA's TPP Online system on the HSGA website		
	If you need a caddie, please contact Andrew Feldmann at 595-3256 asap.		
Please adhere to the Oahu Country Club dress code at all times at the club.			
Practice Round	Available on the afternoon of Monday June 5, 2017 at \$45.00 plus tax and includes cart.		
	Call up to seven (7) days in advance for starting times.		
Awards Banquet	At the conclusion of the tournament on June 17th, all participants are welcome to		
	attend the awards banquet in which all past champions are invited.		
<i>*Last year's champion will be #1 seed</i>			



109th MANOA CUP ENTRY FORM

Open Division Women's Division

Polo shirt size:

S M L XL 2XL(mens only)

NAME _____
First Name Last Name

ADDRESS _____

EMAIL _____ TEL # _____



Active GHIN® NUMBER: _____ GHIN® HANDICAP INDEX (as of June 1, 2017): _____

ADDITIONAL LUNCHEON TICKETS: _____ @ \$25 EACH