



HAWAII STATE GOLF ASSOCIATION

2009 State Senior Amateur Championship



HOST: Kona County Club, Kailua – Kona, Hawaii

DATES: October 17-18, 2009

ELIGIBILITY: Male golfers who are 55 years old and female golfers who are 50 by October 17, 2009. All golfers are required to be members of a USGA certified and licensed Golf Club of the Hawaii State Golf Association, with a current USGA GHIN® Handicap Index not exceeding 25.0 for Men and 31.0 for Women. The Tournament Committee will use the USGA GHIN® Handicap Index as of October 1, 2009 for entries and reserves the right to reject or adjust handicaps of individuals.

ENTRY FEE: **\$180.00 per player - Maximum Field of 120.** Fee includes two rounds of golf with cart, practice balls, awards banquet and prizes. Guest meal for awards banquet is **\$40** payable with submission of Entry Form. Entries must be postmarked **by October 1, 2009. No entries will be accepted at the tournament site.** Please send your check or money order (no cash) to:

Hawaii State Golf Association
2009 State Senior Amateur Championship
770 Kapiolani Blvd Ste 701
Honolulu, HI 96813-5241

FORMAT: Stroke play, 36-holes. Shot gun starts on **Saturday at 12:00 pm** and **Sunday 7:30 am**. An awards ceremony will follow play on Sunday. Please call **(808) 322-2595** for a practice round and cost of green/cart fees. Overall lowest 36-hole gross score in each Division will determine Men's and Women's Champion. There will be a maximum of four Men's Flights and three Women's Flights (to be determined by age) with awards for low gross and net in each Flight. Overall low gross ties will have a sudden death play-off. Flight low gross and net ties will be broken by matching player's score cards per USGA recommended method.

INFORMATION: For hotel and condo recommendations please check our website, www.hawaiistategolf.org

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2009 HSGA STATE SENIOR AMATEUR CHAMPIONSHIP ENTRY FORM

(Please print legibly)

First Name, Last Name: _____ (M) _____ (F) _____ Birth Date _____ Age _____

Address: _____ City _____ State _____ Zip _____

Phone #: _____ Cell #: _____ Email Address: _____

GHIN Handicap Index: _____ GHIN #: _____ Club Name: _____

Entry Fee @ \$180 + Number of guests for meals: _____ X \$40.00 = _____ = Total \$ _____

I certify that all my scores from regular play and tournaments have been posted, thus creating a valid handicap index.

Participating Competitor's Signature: _____ Date: _____