



ENTRY FEE:	<p>\$200.00</p> <p>Fee covers up to three tournament rounds, a practice round and green fees. Carts are included.</p> <p>DEADLINE IS TUESDAY, APRIL 30.</p>
FORMAT:	54-hole stroke play, gross scores by flight.
ELIGIBILITY:	Amateurs with Hawaii State GHIN Handicap. Field limited to 180-200 players.
TOURNAMENT:	<p>Tournament champion will be the player with the lowest 54 hole total from the Championship flight.</p> <p>First place in each flight will be decided by playoffs. Ties for all flight winners will be decided by playoff. All other ties will split the purse. All flights play scratch.</p>
FLIGHTS:	<p>Championship Flight (0-4)</p> <p>A Flight (5-9)</p> <p>B Flight (10-14)</p> <p>Senior Flight (50 +) with a handicap of 15 or less</p>
FIELD CUT:	Field cut in each flight by approximately 45% and ties after 36 holes.
PRACTICE ROUNDS:	Available May 17 – 19, 2019. You must call 449-2304/2305 after May 7 to reserve your practice round.
LUNCH:	Lunch will not be included, the snack bar will have food available for purchase.
ENTRY RULES:	<p>All entries must be mailed in a separate envelope for each application. Entry deadline is Tuesday, April 30 at 6 p.m. Incomplete entries will be rejected. Players whose entries are accepted will be notified by email. All entries are subject to approval by the tournament committee. Contestants may be assigned to different flight if scores reflect inaccurate handicap during the tournament.</p> <p>No refunds after May 4, 2019. (No Exceptions).</p>
DRESS CODE:	Spikeless shoes are mandatory. All must dress in appropriate golfing attire (collared shirts).
PRIZES:	The number of places awarded will be determined by the number of entries in each flight.
AWARD CEREMONY:	Awards will follow play on Sunday at the scoreboard.
GUESTS GATE PASSES:	<p>You can bring three guests during the tournament or during your practice round but we must have the 5512 form completed, signed and mailed in with your application. We will not accept guests' pass requests after the application has been accepted. No Exceptions.</p>

2019 HICKAM INVITATIONAL ENTRY FORM

☐ ACTIVE DUTY

☐ RETIREE/DOD

☐ CIVILIAN

NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ WORK/CELL PHONE: _____

EMAIL ADDRESS: _____

HANDICAP AS OF MAY 1, 2018: _____ CLUB WHERE HANDICAP IS MAINTAINED: _____

PLEASE ENCLOSE A COPY OF HAWAII STATE GHIN HANDICAP CARD.

(MUST PROVIDE)

PLEASE DECLARE WHICH FLIGHT YOU INTEND TO COMPETE IN BY CIRCLING THE APPROPRIATE FLIGHT. ONCE FLIGHTS ARE PAIRED, THERE WILL BE NO CHANGING FLIGHTS UNLESS DEEMED NECESSARY BY THE TOURNAMENT COMMITTEE.

CHAMPIONSHIP FLIGHT (0-4) A FLIGHT (5-9) B FLIGHT (10-14) SENIOR FLIGHT (50 +) WITH A HANDICAP OF 15 OR LESS

DATE OF BIRTH: MONTH: _____ DAY: _____ YEAR: _____

CREDIT CARDS MUST BE VISA, AMERICAN EXPRESS, DISCOVERY OR MASTER CARD. NO CHECKS OR CASH.

PAY BY CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____ CIC (THREE-DIGIT CODE ON THE BACK OF CARD): _____

ZIP CODE (ZIP CODE WHICH IS LISTED ON YOUR CREDIT CARD STATEMENT): _____

MAIL ENTRY FORM TO THE FOLLOWING ADDRESS:

2019 HICKAM INVITATIONAL
C/O MAMALA BAY GOLF COURSE
N9211 - GOLF
625 MAMALA BAY DRIVE
JBPH-H, HI 96853-524

28. Check the applicable box for WORK HOURS box or check the OTHER box and enter the work hours, then check the applicable for WORK DAYS:			
WORK HOURS: <input type="checkbox"/> 0600-1800 <input type="checkbox"/> 0800-1700 <input type="checkbox"/> OTHER _____		WORK DAYS: <input type="checkbox"/> SN <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> TH <input type="checkbox"/> F <input type="checkbox"/> ST	
PRIOR FELONY CONVICTIONS			
29. Have you ever been convicted of a Felony? <input type="checkbox"/> YES <input type="checkbox"/> NO _____ Initial			
REQUIREMENT TO RETURN LOCAL POPULATION ID CARD			
30. I understand that I am required to return my Local Population Identification Card to the Base Pass Office when it expires or if my employment is terminated for any reason. _____ (Initial)			
AUTHORIZATION AND RELEASE AND CERTIFICATION			
<p>31. I hereby authorize the DOD/DON and other authorized Federal agencies to obtain any information required from the Federal government and/or state agencies, including but not limited to, the Federal Bureau of Investigation (FBI), the Defense Security Service (DSS), the U.S. Department of Homeland Security (DHS).</p> <p>I have been notified of DON right to perform minimal vetting and fitness determination as a condition of access to DON installation/facilities. I understand that I may request a record identifier; the source of the record and that I may obtain records from the State Law Enforcement Office as may be available to me under the law. I also understand that this information will be treated as privileged and confidential information.</p> <p>I release any individual, including records custodians, any component of the U.S. Government or the individual State Criminal History Repository supplying information, from all liability for damages that may result on account of compliance, or any attempts to comply with this authorization. This release is binding, now and in the future, on my heirs, assigns, associates, and personal representative(s) of any nature. Copies of this authorization that show my signature are as valid as the original release signed by me.</p> <p>FALSE STATEMENTS ARE PUNISHABLE BY LAW AND COULD RESULT IN FINES AND/OR IMPRISONMENT UP TO FIVE YEARS.</p> <p>BEFORE SIGNING THIS FORM, REVIEW IT CAREFULLY TO MAKE SURE YOU HAVE ANSWERED ALL QUESTIONS FULLY AND CORRECTLY.</p> <p>I DECLARE UNDER PENALTY OF PERJURY THAT THE STATEMENTS MADE BY ME ON THIS FORM ARE TRUE, COMPLETE AND CORRECT</p> <p>DATE _____ SIGNATURE _____</p> <p>FINAL DETERMINATION ON YOUR ACCESS: The Base Commanding Officer has final authority for determination on granting physical access to DON controlled installations/facilities under his/her jurisdiction.</p>			
BELOW COMPLETED BY BASE REGISTRAR PERSON CONDUCTING IDENTITY PROOFING and NCIC CHECK			
32. INFORMATION VERIFIED BY:	33. ENTERED IN C/S SYSTEM BY:	34. PASS ISSUE DATE:	35. PASS EXPIRATION DATE:
36. NCIC CHECK PERFORMED BY:	37. RESULTS OF NCIC CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER: _____		38. RESULTS OF LOCAL RECORDS CHECK: <input type="checkbox"/> NO RECORDS <input type="checkbox"/> RECORD IDENTIFIER RECORD NUMBER: _____
<p>Office of Under Secretary of Defense Directive-Type Memorandum (DTM) 09-012, "Interim Policy Guidance for DoD Physical Access Control," December 8, 2009. DTM 09-012 requires that DoD Installation government representatives query the National Crime Information Center (NCIC) and Terrorist Screening Database to vet the claimed identity and to determine the fitness of non-federal government and non-DoD-issued card holders (i.e. visitors) who are requesting unescorted access to a DoD installation. The minimum criteria to determine the fitness of a visitor is: 1) not on a terrorist watch list; 2) not on an DoD installation debarment list; and 3) not on a FBI National Criminal Information Center (NCIC) felony wants and warrants list. Additionally, SECNAV Memo, Policy for Sex Offender Tracking and Assignment and Access Restrictions within the Department of the Navy, of 7 Oct 08 and OPNAVINST 1752.3 established the Navy's policy on sex offenders, requiring Region Commanders (REGCOMs) and Installation Commanding Officers (COs) to prohibit sex offender access to DoN facilities and Navy owned, leased or PPV housing. This form describes the authority and purpose to collect and share the required information; and identifies the applicant/visitor and sponsor; and authorizes the DoD to perform the minimum vetting and fitness determination criteria. A favorable response on the vetting and fitness determination is required to receive access to DOD-controlled installation/facilities.</p>			

DEPARTMENT OF THE NAVY LOCAL POPULATION ID CARD/BASE ACCESS PASS REGISTRATION					
PRIVACY ACT STATEMENT: <small>AUTHORITY: 10 U.S.C. 5013, Secretary of the Navy; 10 U.S.C. 5041, Headquarters, Marine Corps; OPNAVINST 5530.14E, Navy Physical Security; Marine Corps Order 5530.14A, Marine Corps Physical Security Program Manual; and E.O. 9397 (SSN), as amended, SORN NM05512-2. PURPOSE(S): To control physical access to Department of Defense (DoD), Department of the Navy (DON) or U.S. Marine Corps Installations/Units controlled information, installations, facilities, or areas over which DoD, DON, or U.S. Marine Corps has security responsibilities by identifying or verifying an individual through the use of biometric databases and associated data processing/information services for designated populations for purposes of protecting U.S./Coalition/allied government/national security areas of responsibility and information; to issue badges, replace lost badges, and retrieve passes upon separation; to maintain visitor statistics; collect information to adjudicate access to facility; and track the entry/exit times of personnel. ROUTINE USE(S): To designated contractors, Federal agencies, and foreign governments for the purpose of granting Navy officials access to their facility. DISCLOSURE: Providing registration information is voluntary. Failure to provide requested information may result in denial of access to benefits, privileges, and DoD installations, facilities and buildings.</small>					
IDENTITY PROOFING AND APPLICANT INFORMATION					
1. LAST NAME:		2. FIRST NAME:		3. MIDDLE NAME:	
				4. NAME SUFFIX: <input type="checkbox"/> Jr. <input type="checkbox"/> Sr. <input type="checkbox"/> I <input type="checkbox"/> II <input type="checkbox"/> III <input type="checkbox"/> IV	
5. HISPANIC OR LATINO (Check one): <input type="checkbox"/> YES <input type="checkbox"/> NO		6. RACE (Check one or more): <input type="checkbox"/> WHITE <input type="checkbox"/> AFRICAN AMERICAN OR BLACK <input type="checkbox"/> ASIAN <input type="checkbox"/> AMERICAN INDIAN OR ALASKAN NATIVE <input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER			
7. GENDER (Check one): <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		8. DATE OF BIRTH:		9. CITY OF BIRTH:	
				10. STATE OF BIRTH:	
		11. BIRTH COUNTRY:			
12. US CITIZEN (Check): <input type="checkbox"/> YES <input type="checkbox"/> NO		13. DUAL CITIZENSHIP: <input type="checkbox"/> YES <input type="checkbox"/> NO CITIZENSHIP IF OTHER THAN US (Country):			
U.S. Citizen Minimum Documentation Required: By Birth - Social Security No and/or State ID/Drivers License. Naturalized - Certification Number, Petition Number, Date, Place and Court, United States passport number, Social Security No and/or State ID/Drivers License. Derived - Parent's certification number, Social Security No and/or State ID/Drivers License.					
Allen Minimum Documentation Required: Registration Number, Expiration date, Date of entry, Port of entry.					
14. IDENTITY SOURCE DOCUMENTS PRESENTED:		15. DOCUMENT NUMBER:		16. ISSUED BY STATE/COURT:	
<input type="checkbox"/> Social Security No.				United States	
<input type="checkbox"/> State ID/Drivers License				United States	
<input type="checkbox"/> Passport No.					
<input type="checkbox"/> Certification Number and Petition Number					
<input type="checkbox"/> Derived - Parent's Certification Number:				United States	
<input type="checkbox"/> Alien Registration No.				United States	
		Date of Entry:		Port of Entry:	
OTHER APPROVED IDENTITY SOURCE DOCUMENTS:					
<input type="checkbox"/>					
<input type="checkbox"/>					
20. WEIGHT (Pounds):		21. HEIGHT (Inches):		22. HAIR COLOR (Check one):	
				<input type="checkbox"/> Blond <input type="checkbox"/> Brown <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> White <input type="checkbox"/> Silver <input type="checkbox"/> Auburn <input type="checkbox"/> Bald	
				23. EYE COLOR (Check one):	
				<input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Blue <input type="checkbox"/> Hazel <input type="checkbox"/> Black <input type="checkbox"/> Gray <input type="checkbox"/> Violet <input type="checkbox"/> Unknown	
24. HOME ADDRESS (Include city, state, zip code):				HOME PHONE (Include Area Code):	
25. BASE SPONSOR'S NAME:				SPONSOR PHONE (Include Area Code):	
CARL KELLY				449-2301	
EMPLOYMENT ACTIVITY INFORMATION					
26. EMPLOYER NAME AND ADDRESS (Include city/state/zip code):				EMPLOYER PHONE (Include Area Code):	
27. SUPERVISOR NAME AND ADDRESS (Include city/state/zip code):				SUPERVISOR PHONE (Include Area Code):	