



69th Four-Ball Championship
Conducted by Western Pennsylvania Golf Association
Played for Joseph Shea Alexander Memorial Trophy
Monday, August 30, 2010
Cranberry Highlands Golf Club • Cranberry Township

ELIGIBILITY:

1. Entries are open to teams of two amateur golfers residing in the Western Pennsylvania district as of April 1, 2010 with a combined Handicap Index total not exceeding 12.0 strokes.
2. Senior Division entries are open to teams of two amateur golfers who have both reached their 55th birthday by August 30, 2010, who have resided in the district as of April 1, 2010. The team combined Handicap Index total must not exceed 15.0 strokes.

ENTRIES (Form, Fee, Closing Date): All entries and fee of \$300.00 must reach the Association office by 5:00 P.M. E.D.T., on Wednesday, August 18, 2010, to be considered.

- A. Online registration - Players may enter online at www.wpga.org. Players must have a valid e-mail address and a WPGA account to register online. Player accounts can be created at www.wpga.org, by contacting the WPGA at 412-826-2180, or by e-mailing info@wpga.org with name, address, and e-mail address included. Online entries may be paid by Visa, Mastercard, or Discover Card.
- B. Entry form registration – Players may enter using this form. Send completed application and fee to the Association. Make check or money order payable to Western Pennsylvania Golf Association. Do not send cash.

The committee reserves the right to accept late entries. Late entries must use this form, and these entries will be placed on an alternates list to fill spots if they become available. A fee of \$50.00 must accompany all late entries. No late entries will be accepted on or after the date of the first qualifier.

Entry fee will be refunded with a \$15.00 service charge for withdrawals before the close of entries. Withdrawals after the close of entries will be subject to a \$25.00 service charge.

FORMAT: 36 holes of stroke play for both divisions. Note Rules of Golf, Rule 31, for format guidelines). The field shall be limited to a combined 48 teams and the Committee reserves the right to select the most representative field, including the number of teams in each division.

REGULATIONS AND INFORMATION:

- A. Players may use golf carts during the championship. A player not using a golf cart during the championship may request a refund of appropriate fees after completion of play.
- B. Players may bring their own caddies to the championship.
- C. It is a condition of competition that shoes with traditionally designed spikes, regardless of composition, or spikes comprised either entirely or partially of metal, regardless of design, are prohibited during the championship.
- D. Play will be governed by The Rules of Golf, conditions stated on the WPGA Rules of Play card, and other Local Rules as posted.
- E. Proper attire is mandatory in all phases of the championship. Shirts with collars and sleeves are required. Shorts of Bermuda length or longer are acceptable.



- F. In the event of a tie for the championship, a hole-by-hole playoff will be conducted immediately after completion of the round.
- G. Players falsifying a Handicap Index may be subject to indefinite suspension from WPGA Championships.
- H. Starting times and other information will be available on the WPGA web site (<http://www.wpga.org>) approximately one week before the championship. Players unable to retrieve starting times should call the WPGA office (412-826-2180).

PRIZES: Trophies will be awarded to the winning team. Prizes will be awarded to the top third of the field starting the third round. Prizes will consist of credits in the host club's golf shop.

NOTICE: By submission of this entry, we agree to the following:

- We have read and understand the entry requirements and championship regulations.
- We agree that there are certain risks inherent in golf and accept personal and sole liability for such risks including but not limited to health risks.
- This entry is subject to rejection at any time (including during the Championship) by the WPGA. The reason may include unbecoming conduct.
- Responsibility for ensuring this application is received by the WPGA prior to the specified deadline is ours alone and that this application may be automatically rejected by the WPGA if received by after such date and time.
- Risk of delay or error in transmission is solely with us and that the WPGA has no liability with respect to any such delay or error and the consequences there from, including the entry not being accepted.
- Any player under 18 years of age must have the WPGA Parental Consent Form filed before their application will be accepted. Parental consent forms can be found on the WPGA website in the appropriate tournament information or by contacting the Association office (412-826-2180).



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Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

E-mail: _____

Date of Birth: _____ Club Name: _____

GHIN #: _____ Handicap Index: _____

Partner Name: _____

Date of Birth: _____ Club Name: _____

GHIN #: _____ Handicap Index: _____

Senior Division: Yes _____ No _____

Completed entry form and fee of \$300.00 must reach the Western Pennsylvania Golf Association office by 5:00 P.M. E.D.T. on Wednesday, August 18, 2010, to be considered.

Mail entries to: Western Pennsylvania Golf Association, 324 Fourth St., Pittsburgh, PA 15238

I/we agree to the attached Championship regulations, and have noted entry requirements.

I/we agree there are certain risks in the game of golf and I/we accept personal liability.

I/we agree this entry is subject to rejection at any time (including during the Championship) by WPGA. The reason for rejection may include unbecoming conduct.

Signature: _____ Date: _____

Certification of Parent or Guardian (For players who are minors only)

As parent or guardian of the applicant, I hereby certify that I am familiar with his plans to participate in the WPGA Four-Ball Championship and that he does so with my approval and consent. In case of a medical emergency occurring during this Championship, I authorize a qualified medical doctor to take all necessary measures in the treatment of this applicant.

Signature of Applicant: _____ Relation: _____