



MONMOUTH COUNTY PARK SYSTEM

2015 MONMOUTH COUNTY 4 BALL CHAMPIONSHIP TOURNAMENT INFORMATION

ELIGIBILITY & FORMAT

- Open to all participants with a current USGA-certified GHIN handicap.
- This tournament consists of an 18-hole two-person best ball competition with a handicap 80% qualifier.
- Low 16 teams continue to match play brackets.
- Combined team handicap is not to exceed 29. Teammates handicaps shall not differ by more than 9 strokes. For example, handicaps of 9 & 20 would not be acceptable, but handicaps of 14 & 15 would be acceptable.
- Spectators and caddies will not be permitted on the course.

TOURNAMENT SCHEDULE

- **Qualifier:** Thursday, June 11 at Howell Park, Farmingdale
- **First Matches:** Friday, June 12 at Shark River, Neptune
- **Quarter & Semi Finals:** Saturday, June 13 at Charleston Springs, Millstone
- **Finals:** Sunday, June 14 at Hominy Hill, Colts Neck
- **Tee Times:** Please call Golf Centers for assigned tee times.
- **Entry Deadline:** Tuesday, June 1

Please mail your entry form to:

Monmouth County Park System
Registrations
805 Newman Springs Road
Lincroft, New Jersey 07738-1695

Tournament registration is also available online at www.monmouthcountyparks.com.

We regret that we will not be able to accept registrations after the entry deadline listed above.



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2015 MONMOUTH COUNTY 4 BALL CHAMPIONSHIP TOURNAMENT APPLICATION

Tournament, program number & fee:

4 Ball Championship

#J17533A

\$120.00 per team

Fee includes greens fees, hand carts, range balls, and prizes.

PLAYER 1

Name: _____

Street Address: _____

City: _____ County: _____ State: _____

Phone (daytime): _____ Phone (evening): _____

Email: _____

GHIN Number: _____ Handicap: _____

PLAYER 2

Name: _____

Street Address: _____

City: _____ County: _____ State: _____

Phone (daytime): _____ Phone (evening): _____

Email: _____

GHIN Number: _____ Handicap: _____

Method of Payment (please check one):

Check (check # _____) (payable to Monmouth County Board of Recreation Commissioners)

Discover

MasterCard

Card Number: _____

Visa

Exp. Date: _____ 3-Digit Validation Code (on back): _____

Signature: _____

Do you require special accommodations to participate in this program? No Yes

If yes, please specify: _____

Will you require a power cart (available at applicable MCPS rates)? No Yes