



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.



MONMOUTH COUNTY PARK SYSTEM

2015 MONMOUTH COUNTY 4 BALL CHAMPIONSHIP TOURNAMENT APPLICATION

Tournament, program number & fee:

4 Ball Championship

#J1753A

\$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