



Get In The Game

51<sup>st</sup> Annual Father/Son Championship  
June 5<sup>th</sup> & 6<sup>th</sup>, 2010

- Start Time:** Tee Times begin both days at 6:30 a.m. Special requests will be allowed only for medical reasons or those with airline flight schedules to meet. You must provide documentation to the AGA before the entry deadline (ie: airline confirmation or doctor's certificate)
- Format :** 2-Man Teams: Modified Chapman at Gross (alternate shot with selected drives.)
- Entry Fee:** \$150.00 per person includes course/cart fees, range balls, tee gift, prize fund and tax. A player only pays one entry fee regardless of how many teams he may play on. **(No refunds after June 1)**
- Practice** You may call 800-972-6818 seven days in advance to schedule a tee time for a practice round.
- Eligibility:** Fathers may play with up to 3 sons. **At least one partner must be an AGA Member. All out-of-state players must include a copy of their handicap card with entry.** If one member of the team does not have a USGA handicap, the team will play in the Callaway Division. **Father or son must be a resident of Arizona for at least six months prior to the tournament.**
- Field Size:** 290 Teams Flighted  
**Field fills up within 2 – 3 weeks of date entries are mailed out; so, get your entry in right away.**

## ENTRIES OPEN 3/17/10

**IMPORTANT: PLEASE REMEMBER TO PUT IN YOUR AGA MEMBER #**

(Please Circle One)

AGA member                      out of state member                      pro                      no handicap  
 Member # \_\_\_\_\_ State Association \_\_\_\_\_  
 Father's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

(Please Circle One)

AGA member                      out of state member                      pro                      no handicap  
 Member # \_\_\_\_\_  
 Son's Name \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Day Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Special requests to play with another team or family members should be listed below

**If paying by credit card, please provide the information we need for billing: We do not accept Discover Card**

Card Type \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVV# \_\_\_\_\_

**Make checks payable & mail to: Arizona Golf Association, 7226 N. 16<sup>th</sup> St. Ste. 200, Phoenix, AZ 85020  
For information, call Courtney Smyser: 602-944-3035**

By signing below the team understands that the event runs from 6:30am June 5<sup>th</sup> until 7:30pm June 6<sup>th</sup> and agrees to play at any tee time assigned within this time frame.

X \_\_\_\_\_

