



Antelope Hills
GOLF COURSES

61st Annual Father/Son Championship June 6-7, 2020

- 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 (i.e.: airline confirmation or doctor's certificate)
- Format:** 2-Man Teams: Modified Chapman at Gross (alternate shot with selected drives.)
- Entry Fee:** **\$175.00** (per person) includes course/cart fees, one lunch ticket good for Saturday or Sunday, 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 pairings have been published)**
- Eligibility:** Fathers may play with up to 3 sons. Sons must be 9 years of age or older to participate. **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 with Callaway scoring. **Father or son must be a resident of Arizona for at least six months prior to the tournament.**
- Field Size:** 272 Teams Flighted

NO FAX ENTRIES WILL BE ACCEPTED THIS YEAR

Entries will open MARCH 18 at 8 A.M. PACIFIC TIME.

Entries will be accepted via Mail, Personal Delivery or Scanned/Emailed to FATHERSON@AZGOLF.ORG

Entries submitted by mail will be considered received on the postmark date of the entry.

Once the total entries received on any given day exceed the maximum allowable teams, ALL entries received that day will be determined by lot until the field is full. The remaining entries will be put on a wait list, again determined by lot. The lottery will take place in early April – teams will be announced shortly thereafter. Get your entry in ASAP as the field fills up VERY quickly.

ENTRIES POSTMARKED OR RECEIVED BEFORE MARCH 18 at 8 A.M. PST WILL BE RETURNED.

**IMPORTANT: PLEASE REMEMBER TO INCLUDE YOUR GHIN #
IF THE FORM IS NOT LEGIBLE, WE CANNOT GUARANTEE ENTRY**

(Please Circle One)

AGA member out of state member professional no handicap

GHIN # _____ State Association: _____
Father's Name _____ E-mail Address _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____

(Please Circle One)

AGA member out of state member professional no handicap

GHIN # _____ State Association: _____
Son's Name _____ E-mail Address _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____

Special requests to play with another team or family members _____

If paying by credit card, please provide the information we need for billing:

Name as is appears on the credit card: _____

Card # _____ **Exp. Date** _____ **CVV#** _____

Billing Address: _____ **City** _____ **State** _____ **Zip** _____

Make checks payable & mail to: Arizona Golf Association: 7600 E. Redfield Rd., Ste. 130, Scottsdale, AZ 85260

For information, call Mike Mason: 602-944-3035 or mmason@azgolf.org

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

X _____



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TEAM #2

(Please Circle One)
AGA member out of state member professional no handicap

GHIN # _____ State Association _____
Father's Name _____ E-mail Address _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____

(Please Circle One)
AGA member out of state member professional no handicap

GHIN # _____ State Association _____
Son's Name _____ E-mail Address _____
Address: _____ City _____ State _____ Zip _____
Cell Phone # _____

Special requests to play with another team or family members: _____

TEAM #3

(Please Circle One)
AGA member out of state member professional no handicap

GHIN # _____ State Association _____
Father's Name _____ E-mail Address _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____

(Please Circle One)
AGA member out of state member professional no handicap

GHIN # _____ State Association: _____
Son's Name _____ E-mail Address _____
Address _____ City _____ State _____ Zip _____
Cell Phone # _____

Special requests to play with another team or family members: _____

TEAM #4

(Please Circle One)
AGA member out of state member professional no handicap

GHIN # _____ State Association _____
Father's Name _____ E-mail Address _____
Billing Address _____ City _____ State _____ Zip _____
Cell Phone # _____

(Please Circle One)
AGA member out of state member professional no handicap

GHIN # _____ State Association: _____
Son's Name _____ E-mail Address _____
Address: _____ City _____ State _____ Zip _____
Cell Phone # _____

Special requests to play with another team or family members: _____