



**64th Annual Father/Son Championship presented by Van's Golf Shops
hosted by Antelope Hills Golf Courses
June 3-4, 2023**

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

Entries will open MARCH 15th, 2023, at 8 A.M. ARIZONA TIME.

Entries will be accepted via Personal Delivery, Mail (not recommended) or Scanned/Emailed to FATHERSON@AZGOLF.ORG

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

The remaining entries will be put on a wait list. Get your entry in ASAP as the field fills up VERY quickly.

ENTRIES POSTMARKED OR RECEIVED BEFORE MARCH 15th at 8 A.M. WILL BE RETURNED.

YOU MAY ONLY TURN IN AN ENTRY FORM FOR THOSE PLAYERS IN YOUR TEE TIME, MAXIMUM 6 PLAYERS PER TEE TIME. ANY ENTRIES TURNED IN FOR A TEAM OUTSIDE OF YOUR TEE TIME WILL NOT BE ACCEPTED.

NEW THIS YEAR: PLEASE READ!!!

NO PAYMENTS WILL BE ACCEPTED ON MARCH 15TH. DO NOT ATTACH CREDIT CARD INFO OR A CHECK FOR PAYMENT WITH YOUR ENTRY FORM!!

All participants that are accepted into the field will be invoiced by email via Golf Genius prior to April 1st. Invoices will be paid by credit card via the link provided in that email. If you must pay by check, please contact the AGA and special arrangements can be made after invoices have been sent out.

Invoices must be paid by May 1st or you will lose your spot in the event and replaced by a waitlisted team.

PLEASE WRITE LEGIBLY

TEAM #1-EMAIL ADDRESS FOR INVOICE: _____

(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 #2-EMAIL ADDRESS FOR INVOICE (if different than above): _____

(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- EMAIL ADDRESS FOR INVOICE (if different than above): _____

(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- EMAIL ADDRESS FOR INVOICE (if different than above): _____

(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: _____