

## OHIO PUBLIC GOLF ASSOCIATION 2020 STATE MID-AMATEUR CHAMPIONSHIP



ORGANIZED 1928 CELEBRATING OUR 92<sup>nd</sup> YEAR

**Ken Hyland**President
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## APPLE VALLEY GOLF CLUB

433 Club House Dr. Howard, OH 43028 Phone: 740-397-7664

Saturday, June 6th & Sunday, June 7th

## Open to ALL Amateur golfers in the state of Ohio / Public or Private / Must be at least 25 years of age

Entries must include a \$125.00 entry fee payable by:

- Cash<sup>1</sup> or Check
- Credit Card<sup>1</sup>

## Checks Payable to: OHIO PUBLIC GOLF ASSOCIATION or OPGA

Mail checks to: Adam Fluty 385 Mulberry Way West Westerville, Ohio 43082

Tee times and preferred groupings for round 1 will be guaranteed if entry and payment are received by 5/23/20. Entries received after Friday 5/30/20 will carry a late fee of \$10.00, making the total entry fee \$135.00. No refunds after 6/5/20.

<sup>1</sup> To be paid at the course, during registration, prior to the start of the event. If payment is not made at this time, the participant will not be permitted to tee off and will be considered Did Not Show (DNS).

- 36 Holes Stroke Play
- Tee Times will begin off #1 Tee at 10:00am
- All contestants will play from the same set of tees
- Entry fee includes all green fees and riding cart
- Entry fee does not include practice round or range balls
- Practice rounds can be arranged prior to the event at the players expense
- Contestants must check in with Tournament Officials at least 20 minutes prior to their assigned tee times, ensuring all entry fees are paid and scorecards received
- Power carts, pull carts, caddies & USGA approved range finders are permitted
- No tee time changes will be made after tee times have been assigned & posted
- Prize list & payout to be determined based on the number of entries
- All prizes will be in the form of trophies and merchandise credit
- OPGA is not responsible for the distribution of prize money
- All payouts will be based off of the overall tournament score

	Detach-Here	
2020 OPGA State Mid-Amateur Championship Entry Form		
NAME	AGE HDCP PHONI	E#( )
ADDRESS	CITY	ZIP
E-MAIL ADDRESS	HOME COURSE	
Payment Type: □ Cash □ Check □ Credit Card	If Credit Card, specify type (Visa, MC, Disc, AMEX):	
NAME ON CARDCAR	RD #	EXP CVV #*
BILLING ADDRESS	CITY	*3 or 4 digit security code ZIP
☐ Check box if Billing Address is the same as above		
Preferred Groupings:	DI ANNO DA DIDINI IIA	
PLAYING PARTNER #1	PLAYING PARTNER #2	
PLAYING PARTNER #3		
SIGNATURE_	DATE	
By signing this entry form, I verify that I have Amateur status in the State of		utomatic disqualification. This entry is non-