

OHIO PUBLIC GOLF ASSOCIATION 2019 STATE MID-AMATEUR CHAMPIONSHIP



ORGANIZED 1928 CELEBRATING OUR 91st YEAR

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APPLE VALLEY GOLF CLUB

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

Saturday, June 8th & Sunday, June 9th

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:

- Cash¹ or Check
- Credit Card¹

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 5/24/19. Entries received after Friday 5/31/19 will carry a late fee of \$10.00, making the total entry fee \$135.00. No refunds after 5/31/19.

¹ 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
- 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

	Detacl	h -Here				
2019 OPGA State Mid-Amateur Championship Entry Form						
NAME		AGE	HDCP	PHONE # ()	
ADDRESS			CITY			ZIP
E-MAIL ADDRESS		HOME COURSE				
Payment Type: □ Cash □ Check □ Credit Card		If C	Credit Card, spe	ecify type (Visa,	MC, Dis	c, AMEX):
NAME ON CARD	CARD #				_ EXP _	
BILLING ADDRESS			CITY			*3 or 4 digit security codeZIP
□ Check box if Billing Address is the same as above						
Preferred Groupings:		DI 43/IN		. 42		
PLAYING PARTNER #1		PLAYIN	G PARTNER	. #4		
PLAYING PARTNER #3		-				
SIGNATURE				DATE		
By signing this entry form. I verify that I have Amateur status in the S	State of Ohio An	y false infor	mation provided m	av result in automa	tic disqualif	fication This entry is non-