



**OHIO PUBLIC GOLF ASSOCIATION
2019 SENIOR MEMORIAL
CHAMPIONSHIP**



ORGANIZED 1928

CELEBRATING OUR 91ST YEAR

Ken Hyland
President
Louisville, Ohio
330-875-4196

Rob Schustrich
Vice President
Windham, Ohio
216-789-3325

Adam Fluty
Secretary/Treasurer
Westerville, Ohio
614-893-1012

HIAWATHA GOLF CLUB
901 Beech St.
Mt. Vernon, OH 43050
Phone: 740-393-2886

Friday, September 6th (Practice Round) - Saturday, September 7th - Sunday, September 8th

Senior Honoree – Jeff Godzak from Van Buren

Open to ALL Amateur golfers in the state of Ohio / Public or Private / Must be at least 50 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**

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 – 6 Flights based on age
- Entry fee includes all greens fees, riding cart, and practice round
- 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
- 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
- Banquet to follow the conclusion of play on Saturday at 6:00pm at The Alcove

**Tournament Director:
Bob Martin
440-239-9747**

Please contact the tournament director for all tee time and pairing inquiries, as well as, any other general questions regarding the event.

-Detach Here-

2019 OPGA Senior Memorial Championship Entry Form

NAME _____ AGE _____ HDCP _____ PHONE # () _____

ADDRESS _____ CITY _____ ZIP _____

E-MAIL ADDRESS _____ EXTRA BANQUET TICKET _____

Payment Type: Cash Check Credit Card

Preferred Groupings:

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 Ohio. Any false information provided may result in automatic disqualification. This entry is non-transferable and can be rejected at any time by the OPGA committee. Visit us on the web at www.opga.us or check our Facebook page for updates. Any questions or concerns feel free to email us: ohiopublicgolfassociation@gmail.com. See reverse side for directions and hotel information.