

2009 USBGA 64th NATIONAL CHAMPIONSHIP

October 11 to 15, 2009 San Antonio, Texas

Entry fee: \$100 Entry deadline: August 15, 2009

ENTRY FORM for Player and Coach

PLAYER'S NAME:

Address:

City, State:

Zip:

Tel #:

Cell #:

E-mail:

COACH'S NAME:

Address:

City, State:

Zip:

Tel #:

Cell #:

E-mail:

SHIRT SIZE - **please underline, highlight, or circle:**

Player: S M L XL XXL XXXL men's or women's

Coach: S M L XL XXL XXXL men's or women's

I am a senior golfer (65 years of age or older): yes no

Due to numbers, all players may not play in the Charity Scramble on October 14. Mark your preferences for what you want to do by descending order numbering. Mark a one by the activity that you most want to do, a two by what you next want to do, down to 4, what you would least like to do.

Play in the scramble Play another golf course Use the day to see SA I will be departing.

My date of arrival is:

My date of departure is:

My current IBGA handicap is:

Underline, highlight, or circle:

Sight Classification: B1 B2 B3

Accommodations: One or Two Beds Smoking or Non Smoking

How many extra guests for the welcome reception will you have? (\$25 each):

How many extra guests for the awards banquet will you have? (\$35 each):

How many additional hotel rooms will you need for your guests? (\$85 + 17% tax). The USBGA will make your guest's reservation. Your guests will pay for their rooms when they check out.

(Please list your guest and the information required on the guest form at the bottom of this document).

Do you have any additional needs? If so, what are they?

Signature:

Date:

RETURN application and entry fee of \$100 + any guest fees for welcome reception and awards banquet, payable to the USBGA, to:

Bruce Hooper, Treasurer, USBGA

7410 Quail Run

San Antonio, TX 78209

If you have questions, call Bruce Hooper, at 210-822-6366 or email him at bhooper@grandecom.net

Return this entry form and the entry fee no later than August 15, 2009

Guest Information Form

Guest Information: If you have additional guests, complete the information below:

- Guest name(s)
 - 1.
 - 2.
 - 3.
 - 4.

- Number of rooms for guest(s):

- Type of Room: (one bed or two beds) and (smoking or non-smoking)

- Date of arrival of guest(s):

- Date of departure of guest(s):

- How many guest(s) will come to the Welcome Reception?

- How many guest(s) will come to the Awards Banquet?

- What else will your guest(s) need?

If you have guest(s) coming to the Welcome Reception or the Awards Banquet, please include payment for these activities when you send your entry fee and entry form.

Entry Deadline is August 15, 2009.