National CHAMPIONSHIP & GOLF CLASSIC — GCSAA
Presented in partnership with TORO

GCSAA 2010 NATIONAL CHAMPIONSHIP & GOLF CLASSIC

▶ **ENTRY DEADLINE:** Friday, December 11, 2009 at 5 pm CST

☐ Male ☐ Female

Member Number | Member Class

First Name | M Initial | Last Name | Nickname

Club/Firm Name

Preferred Mailing Address (Street Address) ☐ Home ☐ Business | City | State | ZIP

( ) Daytime Telephone | ( ) Personal Mobile Phone Number | Country Code | Fax Number ( ) | E-Mail Address (please print legibly)

Emergency Contact Name | Contact Phone Number

☐ Check here and indicate any special ADA needs in a separate letter.

GCSAA OFFICE USE ONLY

Commemorative Tee Prize

Golf Shirt ☐ **Small** ☐ **Medium** ☐ **Large** ☐ **X-Large** ☐ **XX-Large** ☐ **XXX-Large**

Tournament Housing

La Quinta Resort will be the host hotel. Because competitors are not required to stay in the host hotel, GCSAA has secured a limited number of hotel rooms. **First-come, first-served** will apply, so register **early** to secure your hotel room. GCSAA reserves the right to place you in another hotel based on availability. Please complete the reservation requirements below with accuracy to avoid any delays in processing your request. If you plan to share a room with another participant, please verify this with your proposed roommate(s) before listing his/her name. Each person requesting a room reservation **must** complete this portion of the form and provide credit card information at the bottom of this form. **This information will be provided to Golf Industry Travel.**

ROOM TYPE	ROOM RATE
☐ **Standard Queen:** Double (2 people/2 beds) Triple (3 people/2 beds) Quads (4 people/2 beds)	$160 plus taxes per room
☐ **Standard King:** Single (1 person/1 bed) Double (2 people/1 bed)	$160 plus taxes per room
☐ **Not staying at host hotel**	

PERSONAL INFORMATION Required for all reservations

/2010 Arrival Date | Departure Date /2010

Sharing w/event participant (name)

Sharing w/spouse or child (name)

Cancellations/Changes: Please do not be a "no-show." Should you find you must change or cancel your plans to attend the 2010 event, contact Golf Industry Travel at 800.442.7220. All changes after December 28, 2009, will be subject to approval of the hotel.

Entry Fees

☐ **9101 National Championship Entry** (Saturday, Feb. 6 – Sunday, Feb. 7) $450
Handicap must be 5.0 or less to be eligible

☐ *Check here if you wish to play in the National Championship Senior Flight.*
Seniors: To be eligible to compete in a senior flight, you must be 50 by Feb. 5, 2010.
DOB:____/____/____

☐ **9201 Golf Classic** (Saturday, Feb. 6 – Sunday, Feb. 7) $450

☐ *Check here if you wish to play in one of the Golf Classic Senior Flights.*
Seniors: To be eligible to compete in a senior flight, you must be 50 by Feb. 5, 2010.
DOB:____/____/____ ☐ Senior I (age 50-56) ☐ Senior II (age 57-64) ☐ Super Senior (age 65+)

☐ **9202 Four-Ball Mixer** (Friday, Feb. 5) $150
Pair me randomly from the pool of players: ☐ Yes ☐ No, I have a partner
Four-Ball Partner Name: _____
You and your partner cannot exceed a combined handicap of 45.

☐ **9103 Family/Guest** (Number of tickets _____) $100 each $_____
Family/Guest ticket includes Welcoming Reception, and three 19th Hole events. Family/guests ages 20 and younger admitted at no charge, but please include names for badges.

Family/Guest Name: _____

Family/Guest Name: _____

Grand Total Owed: $

Certification of Handicap

Handicap information is mandatory. You must submit a copy of your current handicap card with your registration form.

GHIN Number or similar identification number

Name of association issuing your handicap

Web address to verify handicap

Contact name to verify handicap

Status: ☐ Amateur ☐ Pro

HANDICAP INDEX

_____

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HDCP VERIFIED

_____DATE

INTERNATIONAL COMPETITORS: Eligibility of an international player must be certified by the organization governing golf in his/her home country. All handicap indexes will be verified for flighting purposes approximately 60 days before the championship.

FLIGHT INFORMATION: All flights will be determined based on competitor's verified handicap index.

Form of Payment

Credit Card ☐ MasterCard ☐ Visa ☐ American Express

☐ **Please use my credit card for room guarantee only. Check payment is enclosed for fees.**
☐ **Please use my credit card for both room guarantee and payment of fees.**

Credit Card Number (AMEX will only be 15 digits)

Expiration Date (MM/YYYY)

Card Holder's Name (please print)

Card Holder's Signature

Check (Payable to GCSAA-U.S. dollars drawn on U.S. bank)

Mail to: GCSAA Registration,
P.O. Box 219004, Kansas City, MO, 64121-9004

Fax to: 785.832.3628 (don't do both),
with credit card payment information.

Cancellation/Refund Policy

All cancellation requests must be submitted in writing. Cancellations received before **Friday, Dec. 11, 2009,** will be honored for a full refund, less a $25 administration fee. After **Friday, Dec. 11, 2009,** the entry fee will be refunded in the event of injury or medical emergency, if requested prior to the first day of competition.

No refunds will be issued for any reason after the start of competition.

GOLF