



BCGA Zone 5 Women
thank their sponsor



2010 BCGA ZONE 5 WOMEN'S FOURSOMES

Friday	Sept 17 th	Cowichan	Qualifying Round – Stroke Play	8:00 am Shotgun
Monday	Sept 20 th	Glen Meadows	1 st Round – Match Play	9:00 am start
Tuesday	Sept 21 st	Cedar Hill	2 nd Round – Match Play	8:00 am start
Thursday	Sept 23 rd	Highland Pacific	Semi-final Round - Match Play	8:00 am start
Friday	Sept 24 th	Cordova Bay	Final Round – Match Play	11:00 am start

Web: www.bcgazone5women.org

Soft Spikes Required

Entry Fee \$115 per player – (\$230 per pair)

Closing Date: Sept 10/10

Draw Date: Sept 13/10

Cheque made Payable to: BCGA Zone 5 Women's Committee

Mail cheque/entry form to arrive on or before the closing date to:

Merna Mickelson, Tournament Chair

4197 Kincaid Street, Victoria, BC V8X 4K7

Phone (250)727-3640 Email: mernaandmick@shaw.ca

Cheques will be cashed on the first day of tournament.

Format:

Qualifying Round: 96 pairs – Alternate Tees/Shots. Pair's Handicap Factor is ½ combined Handicap Factors. Field cut to 80 pairs with lowest Qualifying net scores after the round. Non-Qualifiers will be refunded ½ entry fee.

Match Play: Pairs qualifying are guaranteed two rounds. First Round – Match Play in flights of 16 pairs. Losers drop to lower flight. Players **MUST** walk in when match is over.

Field:

96 Pairs. If over-subscribed, a blind draw will be held on Sunday, September 12th. Drawn out pairs will be notified that day and of their place on the waiting list.

Prizes:

Champions & Runners-Up, Medalists, and Winners & Runners-Up in Flights.

Eligibility:

Open to all Zone 5 BCGA Women pairs whose ½ combined Handicap Factor is 26.8 or lower with no more than 10 points between partners' handicap factors on closing date. Handicap Factors will be taken off the RCGA System on September 12th after 12:01 am. For players whose clubs are not on the RCGA System, the Women's Captain will be requested to provide their handicap factor on the above date.

Conditions of Play: See Reverse for Zone 5 Championship/Tournament Policies.

Ties will be broken using RCGA Recommendations.

2010 Foursomes

(Return this portion with your cheque)

NAME: 1. _____ 2. _____

Home Address: 1. _____ 2. _____

City & PC: 1. _____ 2. _____

Home Club: 1. _____ Handicap Factor _____ 2. _____ Handicap Factor _____

E-mail: 1. _____ 2. _____

Telephone: 1. _____ 2. _____

You MUST Complete the Following:

Power Carts: MUST reserve for any one of the first 3 days. **DO NOT** phone the host club. **Medical Certificate** Y___ N___

Cowichan: Y___ N___; **Glen Meadows :** Y___ N___; **Cedar Hill:** Y___ N___

Pairs playing in the Semi-finals and/or Finals, **MUST** book their cart **DIRECT** with host clubs.