94th Annual SALLY
SOUTH ATLANTIC WOMEN'S AMATEUR CHAMPIONSHIP
January 6th – 11th, 2020
Official Entry Form

NAME:_____

DATE OF BIRTH:____/____/_____ PLAYER'S HOME TOWN:_____

MAILING ADDRESS: _____

CITY:_____ STATE:_____ ZIP:_____

PHONE: _____ EMAIL:_____

SOCIAL MEDIA PROFILE NAME: (INSTAGRAM, TWITTER, FACEBOOK)
What is your name on Instagram?_____

What other social media do you use and what is your name on them?_____

If you are on a college golf team, what social media handles does it use for its women's golf program?
_____

CLUB AFFILIATION OR UNIVERSITY:_____

HANDICAP INDEX:_____ GHIN #_____

***PLAYER MUST CHOOSE A DIVISION:**

❑ **SALLY CHAMPIONSHIP DIVISION:** Max Handicap Index 6.0; 72 holes played from 6200 yards

❑ **ROCKEFELLER DIVISION**: Max Handicap Index 10.0; 72 holes played from 5600 yards (space is limited)

Contestants must have handicap attested to by an officer or handicap chairman of the club/association or a PGA Professional. Format: 72 hole stroke play.

ALL ACCEPTANCE IS SUBJECT TO COMMITTEE APPROVAL

- **The Member/Sally Tournament** (Tuesday, January 7th, 2020)
  - Participants will receive $50 Pro Shop credit
  - Member and the lowest handicapped contestants compete in a 2 person Better Ball Event.
  - Parings will be drawn randomly during the Pairings party on Monday, January 6th
  - Contestants and field size will be determined by the Committee.

❑ Check here if you would like to participate in the Member/SALLY Tournament

- **Johannsen Senior Tournament**
  - Play is in conjunction with the SALLY Tournament.
  - Eligible players are those that are age 50 and older, and competing in the SALLY Championship Division. Players competing in the Rockefeller Division are not eligible to participate.
  - Winner is the senior player that has the lowest 72 hole gross score in the SALLY Championship Division.

❑ Check here if you are eligible to participate in the Johannsen Senior Tournament

❑ **Please check here if you need housing**. *Housing with club members is available on a limited basis.*

_____

EMERGENCY CONTACT INFORMATION

Name:_____Relationship:_____
Telephone:_____

I attest that all entry information is correct and current. In addition, I hold harmless the Sally Tournament, Oceanside Country Club, and all related volunteers, employees, and sponsors. I also give permission for any photographs taken during the tournament and its related events to be used in future promotions and publications.

_____ _____
Signature of Contestant **Parent or Guardian if under 18**

PAYMENT INFORMATION

Entry fee: $335 (if postmarked by 11/01/19)
$365 (if postmarked between 11/02/19 to 12/01/19)
$395 (if postmarked after 12/02/19)

- Check or Money Order payable to **Oceanside Country Club** & mailed as early as possible to: Oceanside Country Club, 75 N. Halifax Drive, Ormond Beach, FL 32176
- Credit Cards accepted: (Please circle type) Master Card, Visa, or American Express

Card #_____Exp. Date_____

Name on card_____ 3 digit Security code:____

No Refunds after December 15th, 2019