



FLGPA Tour

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Florida Golf Players Association

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Presented By:
Format: Individual Stroke Play
Player Entry Deadline - Sept. 17th
Check-in 9:00am, Tee-Times 10:00am

2019 Volusia County Open - Entry Form Victoria Hills Golf Club, DeLand, FL

Tournament: Saturday
September 21, 2019

Player Name: _____ Age: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ Mens Div. _____ Womens Div. _____

Email: _____ Amateur Hndcp ID#: _____

(Please print & make e-mail address legible)

Handicap Service (GHIN, GLMS etc): _____ Current Estab. Handicap Index: _____

Club/Organization Issuing Handicap: _____ Verification Ph #: _____

Payment Type*: Visa MC Discover Check Sec. Code: _____

***Please Note: A 3.5% convenience fee will be added to all credit card transactions**

Card #: _____ Exp. Date: _____

Name on Card: _____ Signature: _____

Tournament Schedule

Sept. 16 - 20: Practice Round

Sept. 21st: Tournament

Includes: (1) Round of Golf
Range balls/Cart
Cash for Pros
Same Day Payout

Prizes and Awards*

Pro. Div: *Cash Purse

All taxes, expenses & other
costs are participant's
responsibility

Tournament Format

- 18 Hole Individual Stroke Play
- USGA & Local Rules Govern Play
- Pros: Men- Black Tees 7,058 yards.

***Cash Purse** based on number of participants in the field.

Entry Fee: Pro Division: \$125.00 Registration Deadline: Sept. 17, 2019

Late Entry Fee - Add. \$25.00

(CALL IN, SCAN & EMAIL, FAX OR MAIL ENTRY FORM WITH ENTRY FEE TO SECURE PLAYER RESERVATION)

I am a male golfer 18+ and I have read, accept and agree to the FLGPA Tour Rules/Regulations and Policies & Procedures, as listed on the FLGPA Tour website. I agree that there are certain risks inherent in the game of golf and accept personal and sole responsibility for all such risks, including but not limited to any health-related risks, and do hereby release, All Sponsors, the hosting golf club(s), DCI Golf/DeSilva Communications, Inc. and its officers, directors, members of its staff and employees from any and all liability for any event or consequence whatsoever in any way arising out of or relating to my entry or participation in any FLGPA Tour event. I have examined the Registration Form, Policies, Player Conduct and the Official Rules and hereby declare that I meet the entry requirements and agree to abide by the Rules and Regulations of the FLGPA Tour. I understand that my Entry and Authorization may be accepted and binding via Phone, E-mail or U.S. Mail and further agree that there are no Entry Fee refunds after the Registration Deadline. **See complete Rules & Regulations/Policies & Procedures at FLGPATour.FLGPA.com**

Signature: _____ Date: _____

Your Entry Reservation will be acknowledged and confirmed via e-mail, upon receipt.

Please Make Checks Payable to: **DCI Golf**

DCI Golf 16150 Aviation Loop Drive, P.O. Box 15428 Brooksville, FL 34604

Phone: (386) 742-6907 Fax: (386) 742-1938 E-mail: paul@DCIGolf.com

Mail Entry or Scan & e-mail to paul@dcigolf.com or Fax Entry Form to: (386) 742-1938

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