

Announcing the 44th Annual
**CALIFORNIA WOMEN'S AMATEUR
CHAMPIONSHIP**

TUESDAY, NOVEMBER 2 THROUGH SATURDAY, NOVEMBER 6, 2010
THE GOLF CLUB AT QUAIL LODGE
CARMEL, CALIFORNIA

FOUNDER, HELEN LENGFELD

**Handicap Limit: 13 or USGA Handicap Index
Of 12.6, as of OCTOBER Revision Date**

**Entry Fee
\$200.00**

Entries restricted to 66 lowest October 15th handicaps

After a two-day qualifying, the low 32 players will qualify for match play in the Championship flight.

The next 16 players will qualify for the Lengfeld flight.

TUESDAY, NOV 2	QUALIFYING ROUND, 66 PLAYERS
WEDNESDAY, NOV 3	QUALIFYING ROUND, 66 PLAYERS
THURSDAY MORNING, NOV 4	MATCH PLAY, 48 PLAYERS 32 Championship and 16 Lengfeld
THURSDAY AFTERNOON, NOV 4	MATCH PLAY, 16 PLAYERS Championship flight only
FRIDAY MORNING, NOV 5	MATCH PLAY, 16 PLAYERS 8 Championship and 8 Lengfeld
FRIDAY AFTERNOON, NOV 5	MATCH PLAY, 8 PLAYERS, SEMIFINALS 4 Championship and 4 Lengfeld
SATURDAY, NOV 6	FINALS 36 HOLE CHAMPIONSHIP 18 hole final for Lengfeld flight

If more than 66 entries of handicap 13 and under are received, those with higher U.S.G.A Handicap Index will be placed on an alternate list.

Where entry is not accepted, entry fee will be refunded. Handicaps are used only for eligibility to enter tournament.

Entry form accompanied by entry fee must be received on, or before, Friday, October 8, 2010.

There will be a \$25 cancellation fee.

No refunds will be made for any cancellations after October 26.

Contestants must comply with the USGA rules for amateur status.

There is no official complimentary practice round. For reduced rate practice round, contact Pro Shop (831) 620-8808

DRESS CODE: Proper golf attire, soft spikes only. Not permitted: jeans, short shorts, halter tops.

Committee reserves the right to accept or reject any entry.

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2009 ANNUAL CALIFORNIA WOMEN'S AMATEUR CHAMPIONSHIP

PLEASE ENTER:

Name _____ Date of Birth ____/____/____
(LAST) (FIRST)

Address _____
(No.) (Street) (City) (State) (Zip)

Telephone (____) _____ Club (if affiliated) _____

Address (during tournament, if known) _____ Telephone (____) _____

GHIN OR IDC # _____ E-MAIL _____ Fax (____) _____

Please indicate your golf accomplishments on reverse side for press use. Include the name of your local newspaper and a FAX #

Make out checks to CWAC and mail to Melanie MacBride 4242 Guildford Court, Sacramento, CA 95864

Phone (916) 971-3015 E-Mail melaniemacbride@cwacgolf.org

www.CWACGOLF.ORG