

LENGFELD FLIGHT IS BACK !!!

Announcing the 43rd Annual
**CALIFORNIA WOMEN'S AMATEUR
CHAMPIONSHIP**
TUESDAY, NOVEMBER 3 THROUGH SATURDAY, NOVEMBER 7, 2009
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 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 3, QUALIFYING ROUND, 66 PLAYERS
WEDNESDAY, NOV 4 QUALIFYING ROUND, 66 PLAYERS
THURSDAY MORNING, NOV 5, MATCH PLAY, 48 PLAYERS
32 Championship and 16 Lengfeld
THURSDAY AFTERNOON, NOV 5, MATCH PLAY, 16 PLAYERS
Championship flight only
FRIDAY MORNING, NOV 6, MATCH PLAY, 16 PLAYERS
8 Championship and 8 Lengfeld
FRIDAY AFTERNOON, NOV 6, MATCH PLAY, 8 PLAYERS, SEMIFINALS
4 Championship and 4 Lengfeld
SATURDAY, NOV 7, 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 9, 2009. There will be a \$25 cancellation fee.

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

Contestants must comply with the U.S.G.A. 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 glfrgal@MacBride.com www.CWACGOLF.ORG