



2024 Ralph Parsons Memorial Open Four Ball

AUGUST 30-SEPTEMBER 2, 2024

ENTRY FORM

Teams may be Member/Member, Member/Guest, Guest/Guest

Player's Name _____

Player's Club Affiliation: _____ Player's Ghin#: _____

Partner's Name: _____

Partner's Club Affiliation: _____ Player's Ghin#: _____

We wish to play in the Championship Division: _____ YES _____ NO _____

Member/Member Championship Division \$330.00

Member/Guest Championship Division \$380.00

Guest/Guest Championship Division \$430.00

******Championship Division (additional \$50 cash pool) ******

Assigned Handicap Divisions

Member/Member \$280.00

Member/Guest \$330.00

Guest/Guest \$380.00

PURSE: \$6,400.00 BASED ON 64 TEAMS.

TOTAL ENCLOSED: _____

NOTE: The max differential between partners will be limited to 10 strokes. If a partner doesn't meet this requirement their handicap will be cut.

Mail Completed Application To: Northampton Golf, Inc. Box 303 Leeds, MA 01053

OR drop off in the Pro Shop

FULL PAYMENT MUST ACCOMPANY THIS APPLICATION.

Please make checks payable to Northampton Golf, Inc.