

ENTRY FORM

REGISTRATION FEE:

\$125 per player \$40 per coach/athlete

TEAM CAPTAIN

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ M/F _____
 Avg Score _____ FCA HDCP _____
 Email: _____

OFFICIAL FCA SCRAMBLE HANDICAP SYSTEM

Avg Score 18 Holes	USGA INDEX	FCA HDCP
101+	20+	-3
93-100	15.0-19.9	-2
86-92	10.0-14.9	-1
80-85	5.0-9.9	0
75-79	2.0-4.9	+1
71-74	0-1.9	+2
70 and under	All + Index	+3

AMATEUR #2

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ M/F _____
 Avg Score _____ FCA HDCP _____
 Email: _____

OFFICIAL FCA SCRAMBLE HANDICAP SYSTEM

Avg Score 18 Holes	USGA INDEX	FCA HDCP
101+	20+	-3
93-100	15.0-19.9	-2
86-92	10.0-14.9	-1
80-85	5.0-9.9	0
75-79	2.0-4.9	+1
71-74	0-1.9	+2
70 and under	All + Index	+3

AMATEUR #3

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ M/F _____
 Avg Score _____ FCA HDCP _____
 Email: _____

OFFICIAL FCA SCRAMBLE HANDICAP SYSTEM

Avg Score 18 Holes	USGA INDEX	FCA HDCP
101+	20+	-3
93-100	15.0-19.9	-2
86-92	10.0-14.9	-1
80-85	5.0-9.9	0
75-79	2.0-4.9	+1
71-74	0-1.9	+2
70 and under	All + Index	+3

AMATEUR #4

Name _____
 Address _____
 City _____ State _____ Zip _____
 Phone _____ M/F _____
 Avg Score _____ FCA HDCP _____
 Email: _____

TOTAL TEAM FCA HDCP _____

My Team would prefer an _____ AM _____ FM Tee-Time!!