



# TACOMA GOLF ASSOCIATION MEN'S CITY AMATEUR 2019



Proud sponsors of the  
Tacoma Golf Association

The Tacoma Golf Association (TGA) will host the **89th Annual Tacoma City Amateur Golf Championship.**

The event will consist of a 54 holes stroke play. Final qualifiers will consist of the low 30 scores plus ties after the first two rounds. Competition will be stroke play conducted under USGA Rules. Distance measuring devices including GPS-based system and laser rangefinders will be allowed during this competition. Tee times will be available at the hosting club 48 hours prior to play date. Hudson Cup points will be awarded. No preferred pairings. Format will be groups of 3. Pace of play will be enforced. Maximum handicap 10.

**\*Prize Fund \$10,000 based on full field\***

DATE	DAY	ROUND	GOLF COURSE	CALL FOR TEE TIMES
August 16, 2019	Friday	1	Hawks Prairie	360-412-0495
August 17, 2019	Saturday	2	Madrona Links	253-851-5193
August 18, 2019	Sunday	FINALS	Fircrest G&CC	253-564-5792

*(Awards presentation to follow 3-5 pm)*

**ENTRY FEE: \$150.00 (includes range balls)**

**Field limited to 99 entries.**

**Entry fee must be received by August 10, 2019.**

Entrants must be a minimum of 16 years old by August 12, 2019. All winners must meet eligibility requirements and all play will be from the tournament selected tees.

**Dress Code:** Dress code applies to players, caddies and guest. No jeans (denim), sweat pants and unkempt clothing, collared shirts for this TGA event, please. If you have any questions, please call the golf course.

**All prize money will be paid in gift cards from ProGolf Discount.**

Tacoma Golf Association would like to thank the following sponsors:

**Tacoma Dodge Chrysler Jeep Ram • General Mechanical, Inc. • Westec Tool**

Tournament Co Chairmen: Chuck Singletary 253-830-4913  
texchaz1@yahoo.com

Bob Searl (360) 789-2429  
summerrunbob@hotmail

Entry can also be made online at [www.tgagolf.org](http://www.tgagolf.org)

*\*Do not use initials or nick names.*

## Entry Form

**MAKE CHECKS PAYABLE TO T.G.A.**

Last Name \_\_\_\_\_ \*First Name \_\_\_\_\_ \*Full Middle Name \_\_\_\_\_

DOB \_\_\_\_\_ Club \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ GHIN No. \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_ Handicap Index \_\_\_\_\_

**Mail Entries To:  
Chuck Singletary  
4813 233rd St Ct E  
Spanaway, WA 98387**