The Tacoma Golf Association (TGA) will host the 63rd Annual Tacoma Junior City Amateur Golf Championship Honoring H.M. Montgomery at the Meadow Park Golf Course, 7108 Lakewood Dr. W., Lakewood, WA 98467.

The event will consist of a 36 holes stroke play. There will be Boys and Girls Divisions by age groups. Competition will be stroke play conducted under USGA Rules. Distance measuring devices will be allowed during this competition. No caddies. Spectators must stay 25 yards from players and no talking to the players during the round. Tee times, starting at 9 AM, will be available at Meadow Park Golf Course, (253) 473-3033 on July 24, 2020.

<table>
<thead>
<tr>
<th>DATE</th>
<th>DAY</th>
<th>ROUND</th>
<th>GOLF COURSE</th>
<th>CALL FOR TEE TIMES</th>
</tr>
</thead>
<tbody>
<tr>
<td>July 27, 2020</td>
<td>Monday</td>
<td>1</td>
<td>Meadow Park Golf Course</td>
<td>253-473-3033</td>
</tr>
<tr>
<td>July 28, 2020</td>
<td>Tuesday</td>
<td>2</td>
<td>Meadow Park Golf Course</td>
<td>253-473-3033</td>
</tr>
</tbody>
</table>

ENTRY FEE: $45.00 (includes range balls) Field limited to 60 entries.

Entry fee must be postmarked by July 21, 2020.
Entrants must be between the ages of 12 and 17 as of July 21, 2020.

Tournament Co-Chairmen: Bob Erickson Chuck Mulholland
(253) 475-0219 (253) 514-3747

Check the TGA website www.tgagolf.org for more forms and information.

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Entry Form

Name _____________________________ Established Handicap or Average Score __________________________
Date of Birth __________ School Attended _____________________________ Grade Completed __________ Age ______
Golf Course Where Handicap or Average Score is Computed ____________________________________________________

I hereby agree that I am entering this tournament by my own risk and that member clubs of the Tacoma Golf Association, its officers and delegates, will not be responsible or incur any liability should I suffer an injury while participating in this tournament.

Signature of Entrant _____________________________ M _____ F _____
Signature of Parent or Guardian _____________________________
Street Address ____________________________________________
City __________ State _____ Zip Code ______ Phone # __________________

Caution: Entry Forms Not Fully Completed & Signed May Be Subject to Disqualification.

Make Checks Payable To: T.G.A.

MAIL TO: Chuck Mulholland
5621 138th Street NW
Gig Harbor, WA 98332