

TOURNAMENT DETAILS

Entry Fee	Php 2,500.00 ERGCC members Php 3,000.00 ERGCC Non-members Inclusive of golf cart, buffet lunch, caddie fee, door and raffle prizes
Venue	AOKI Course, Eagle Ridge Golf & Country Club (Gen. Trias, Cavite)
Date	February 27, 2017 (Monday)
Registration	6:30 - 7:30 AM
Tee-time	8:00 AM (Shotgun)

CONDITIONS OF PLAY

Eligibility	Open to all alumni of De La Salle Schools and guests.
Handicap System	SYSTEM 36
Divisions	Men's (A, B, C), Seniors, Super Seniors, Ladies' and Guests
Rules of Play	Play shall be governed by the USGA , the R & A Rules of Golf and the local rules of Eagle Ridge Golf and Country Club. Any question concerning the rules must be presented to the Rules Committee, as soon as possible for resolution. All decisions of the Committee will be final. THE TOURNAMENT IS DEEMED CLOSED AFTER THE LAST TROPHY HAS BEEN AWARDED.
Ties	Ties will be settled with the player having the lower 18 hole gross score declared the winner. If a tie remains after that, the lower back-9 gross score shall be used to break the tie. If a tie still exists, the player with the most eagles, birdies, pars and bogeys shall prevail and be declared winner of the tie.
Winners	Trophies will be awarded accordingly to winners of all classes.
Special Prize	Valuable prizes is at stake for Hole-in-one and Fun Awards.
Lunch/Awarding	Lunch for all participants will be served after the round as well as awarding of trophies to the winners.

REGISTRATION FORM (*Mandatory Field) 14th Br. Ben Golf Cup | February 27, 2016

*Last Name	*Given Name	*Middle Name	*Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
*Date of Birth (MM/DD/YYYY)	*Age	*Contact Numbers	*Email Address
*Educational Background (La Salle School attended; Course, Degree/Level; Year Graduated)			
*Senior Golfer? <input type="checkbox"/> YES <input type="checkbox"/> NO	*Senior Golfer but not playing as Senior? <input type="checkbox"/> YES <input type="checkbox"/> NO	*ERGCC Member? <input type="checkbox"/> YES <input type="checkbox"/> NO	*Entry Fee Paid

Joining me on our flight are:

Full Name	Contact Numbers	ERGCC Member	Entry Fee Paid

Total Amount Paid

<input type="checkbox"/> I will pay at the DLSAA Office, 2401 Taft Avenue, Room 101, Br. Andrew Gonzalez Hall, De La Salle University Manila	<input type="checkbox"/> I will deposit our payment to De La Salle Alumni Association BDO Taft Branch Account. No. 4588-01235-0	<input type="checkbox"/> I will send check payment to your office: Check No. _____ Bank: _____ Branch: _____
	<input type="checkbox"/> I will write our names on the deposit slip and fax together with this registration form to DLSAA fax no. 524-0503.	
DLSAA References	O.R. Number	Date