



2024 State Father-Son/Daughter Championship  
 Fri. – Patrick Farms GC, Sat. – CC of Canton, Sun. – Castlewoods CC  
 June 14-16, 2024

**Format:** The format of play is a two-person scramble. Each team will play each course one day on a rotating basis. Flights will be determined following 36 holes of play. Professionals will play in Championship Flight all other teams will be flighted based on score. Gift certificates will be awarded to the top teams in each flight and are redeemable ONLY at the golf course pro shop where they are issued.

**Eligibility:** At least one member of each team must be a permanent resident of Mississippi for at least 60 days prior to June 14, 2024. At least one team member is required to have an active GHIN Number through a USGA Licensed Mississippi Member club.

**The relationship between partners must be as follows:** Father/Son/Daughter; Grandfather/Grandson/Granddaughter; Father/Son/Daughter-in-Law; or Son/Daughter/ Father-in-Law/Stepfather or Stepson/Daughter relationships are also permitted.

**Entry Fee and Tournament Deadline:** The entry fee of \$460 per team (\$480 credit or debit) includes cart and range fee for all three rounds and lunch each day. **The entry deadline is Sunday, June 7, 2024 at 5pm, or when the field is full, whichever is first.**

**Rules and Regulations:** All participants agree to abide by the written rules, regulations, and dress code found at [www.missgolf.org](http://www.missgolf.org).

**Refund Policy:** If a player withdraws prior to the entry deadline he will receive a full refund, minus a \$25.00 administration fee. If a player withdraws after the entry deadline has passed, the player will not receive a refund.

**Practice Round:** Practice rounds are available, please call for a tee time:  
 CC of Canton (601-859-6359), Patrick Farms GC (601-664-0304), and Castlewoods CC (601-992-1942)

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**Deadline Sunday, June 7, 2024 at pm, Entry Fee: \$460 (\$480 for credit or debit card)**

Division (Circle One):	Father-Son Division	Father-Daughter Division
Player 1 First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
	Cell Phone:	GHIN Number: <span style="float: right;">Index:</span>
Email Address:	Date of Birth: / /	
Player 2 First Name:	Last Name:	
Address:		
City:	State:	Zip Code:
	Cell Phone:	GHIN Number: <span style="float: right;">Index:</span>
Email Address:	Date of Birth: / /	
Name on Card:		
Credit Card Number:	Exp. Date:	CVV2/CID:
<input type="checkbox"/> Yes, I am a Silver, Gold or Platinum member, please use the \$25 tournament credit on file.		Amount:
Please circle one:    Visa    MasterCard    Discover    AMEX    Cash    Check		
We will try to accommodate requests as best we can. Please answer the following if you have a preference.		
What team would you like to play with?		
Time (please check): <input type="checkbox"/> Friday Morning and Saturday Afternoon <input type="checkbox"/> Friday Afternoon and Saturday Morning		

Mail Entry with Payment to: Mississippi Golf Association, 400 Clubhouse Drive Pearl, MS 39208

**Faxed in entries will not be accepted.**