



43rd ANNUAL HAFAAADAI GOLF CLASSIC (HAGC) 2026
REGISTRATION FORM

Hosted by The Southeastern HITA Chamorro Golf Club

June 24th & 25th, 2026

TOURNAMENT ENTRY FORM

Please complete & print the Entry Form, Handicap Declaration, Release of Liability Agreement, and Tournament Entry Fee. Make a check or money order payable to "SEHCGC". Mail the completed forms & fees to Pamela Salas, 108 Fenrir Drive, Columbia SC 29229.

Maximum of 144 players for the field. Registration will close when a maximum of 144 players has entered or on May 15, 2026, whichever comes first. A substitute player will be allowed to play provided that a written authorization or contact from the confirmed applicant is submitted and approved by the SEHCGC Board of Directors. Thank you for your participation.

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

MALE: _____ FEMALE: _____

Eligible Seniors 65 years & older or player whose age and handicap total 85 and over play the forward tees: Please check _____ Date of Birth: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

STATE OF RESIDENCY: _____ - Needed if no Military installation access.

HOME: () _____ CELL () _____

EMAIL: _____

GHIN: _____ HANDICAP INDEX: _____ GOLF CLUB AFFILIATION: _____

SIGNATURE: _____ DATE SIGNED: _____

CIRCLE ONE: USGA – SNGA- NCGA – SCGA – PLGA GOLF CLUB

PLEASE NOTE: Any player, without an established handicap, will be placed under the Callaway system. The established handicap must be verified by the USGA and Allied Golf Association partners.

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2026 HANDICAP DECLARATION FORM

The Hafa Adai Golf Classic (HAGC) and its member clubs have adopted the World Handicap System (WHS). Your handicap index will be used to determine your course or playing handicap depending on the difficulty of the course and the tees you play.

Name of Participant (please print): _____

Check mark each item applicable to you and then fill in the appropriate blank(s):

I am a member of the HAFAAADAI GOLF CLASSIC (HAGC)
Sponsor Club: _____ and my current Handicap Index is _____.

I am NOT a member of the HAFAAADAI GOLF CLASSIC (HAGC) Sponsor Club but a member of: _____ Golf Club in the area in which I reside, and my current Handicap Index is _____.

I have a valid GHIN card. My GHIN # is _____. My current Handicap Index is _____.

I am not a member of the HAFAAADAI GOLF CLASSIC sponsored club. However, I have been playing in the HAGC Annual Tournament for more than three years. Please honor my handicap that you have on record.

I love the game of golf, but I currently do not have an established handicap. I would like to play, and I understand that one will be provided to me at the conclusion of the 1st round using the Callaway Handicapping System. The course handicap determined after the 1st round will be my handicap for both rounds.

Note: Players will be divided into four flights A, B, C & D. The Hafa Adai Golf Classic reserves the right to distribute the players as evenly as possible across the 0 to 32 handicap flight ranges using the Floating Handicap System.

Handicap Verification: Provide the name and contact information of a person that can verify your handicap.

Name: _____

Organization: _____ Cell phone: _____

_____ other _____ Email: _____

Signature: _____

_____ Date: _____

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RELEASE OF LIABILITY

1. IN CONSIDERATION of being allowed by Hafa Adai Golf Classic and the hosting club to participate in the annual golf tournament and its related activities, I, the undersigned, and my guest(s) acknowledge and agree that:
2. VOLUNTARY PARTICIPATION: I knowingly and freely assume all risks, both known and unknown, including, but not limited to the negligent or non-negligent activities of others and assume full responsibility for my participation in this tournament and activities, and that,
3. ASSUMPTION OF RISK: Playing in this tournament involves some physical risk. I hereby agree to accept any and all risks of injury or death. I also understand that alcohol may be available at the golf course and/or club or in the picnic or barbecue area and hotels where members may stay while attending these events. I take full responsibility for my own actions and potential alcohol consumption; and that,
4. RELEASE FROM LIABILITY: I, for myself and on behalf of my heirs, assignees, guardians, and legal representatives, hereby agree not to make any claim against, sue, or attach the property, if any, of the hosting club and the Hafa Adai Golf Classic, its officers, board of directors, members, and/or other participants on account of any injury or damage resulting from the negligence or other acts, howsoever caused, as a result of my participation in the tournament. I hereby release Hafa Adai Golf Classic, its officers, board of directors, members from all actions, claims, or demands that may now exist or may hereafter exist for injury or damage resulting from my participation in the tournament.
5. KNOWING AND VOLUNTARY EXECUTION: I, the undersigned, and my guest have carefully read this release and fully understand its contents. I am aware that this is a release of liability and a contract between the Hafa Adai Golf Classic, the hosting club, and me, and I therefore sign this agreement with my own free will and act.

PRINT NAME: _____ -

SIGNATURE: _____

DATE: _____

**43rd ANNUAL HAFAADAI GOLF CLASSIC (HAGC)
2026 TOURNAMENT ENTRY FEE**

DESCRIPTION OF UNIT COST

Entry fee per player is **\$275.00**.

(Includes green fee, shared cart, range balls, opportunity for prize money, and Banquet)

Optional Side Actions: Please "Check" or "X" number of days to compete. You can select to compete on just the 1st, or 2nd or both days. Please enter the amount for each and the "Total" column.

Please note that you can also wait until check-in to enter the Side Actions.

Side Action Competitions	Amt	1st Day	2nd Day	Total
CTP (Closest to the Pin)	\$20/Day			
Flighted Skin (A, B, C, & D Flights)	\$20/Day			
Big Skin (Not flighted, open to all players)	\$20/Day			
Senior Net 2-day total (age limit 50 to 64)	\$10	NA	NA	
Super Senior Net 2-day total (age limit 65 and over)	\$10	NA	NA	

Golf Entry Fee + Side Actions: \$ _____

Banquet Dinner Menu

Bar-B-cue Pork, Fried Chicken, Rice, Hash, String Beans, Corn, Slaw, Rolls, Iced Tea, Peach Cobbler, Chocolate pudding w/ crushed Oreos.

Dinner will be buffet style provided by Shealy's Bar-B-cue, Batesburg-Leesville SC.

Guest Dinner Banquet Fee: \$55 x _____ # of guests = \$ _____.

Total Enclosed Amount \$ _____: Please make your check or money order payable to:
SEHCGC (Entry fee, Optional Side Action fees and Banquet guest fees).