

Registration Form

Treasure Coast Junior Golf Tour 2009 Registration Form

This form must be filled out completely and signed by both the parent/
guardian and the participating junior on the other side.

NAME: _____

DATE OF BIRTH: _____ AGE: _____

MALE _____ FEMALE _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE: _____

EMAIL ADDRESS: _____

HOME PHONE NUMBER: _____

EMERGENCY PHONE NUMBER: _____

SHIRT SIZE (Please Circle One)

Child Medium Large Extra Large

Adult Small Medium Large Extra Large

DID YOU PARTICIPATE IN THE 2008 TREASURE COAST JUNIOR
GOLF TOUR? **YES** _____ **NO** _____

NOTE: REFUNDS WILL NOT BE GIVEN...PAYMENT MUST BE BY
CHECK PAYABLE IN THE AMOUNT OF **\$80.00** TO THE **TREASURE
COAST GOLF ASSOCIATION**. THE LEAGUE WILL ACCEPT THE
FIRST 150 PAID APPLICANTS. IF A CHECK DOES NOT ACCOMPANY
THIS REGISTRATION FORM, YOUR CHILD WILL NOT BE SIGNED
UP. ALL REGISTRATION FORMS MUST BE COMPLETED FULLY.

Amount of Check (Please circle): **\$80.00** **\$110.00** including
Other _____ Volunteer Fee
Donation _____

Entry Card

Please use this card to sign up for every event including the 22nd Annual Junior
Championship.

If a player has entered a tournament and cannot play, it is his/her responsibility to
notify the Tournament Committee by calling (772) 770-5003 or emailing
bnagy@ircgovcom. Players that fail to appear without due notice will not be
allowed to play in the next event.

Name: _____

Please Circle One:

Boys Girls

Please Circle Age Division:

Pee Wee 9 Year Old 10 Year Old 11 Year
Old

12-13 Year Old 14-15 Year Old 16-18 Year Old

**Please circle the events that you would like to sign up for. Not circling an event
means your child will not be signed up for that day.**

Event #1 Tuesday, July 7 The Links at Pointe West

Event #2 Monday, July 13 Quail Valley Golf Club

Event #3 Thursday, July 16 Riomar Country Club

Event #4 Monday, July 20 Bent Pine Golf Club

Event #5 Thursday, July 23 The Moorings Club

Event #6 Monday, July 27 Vero Beach Country Club—Championship

Parents, please see the reverse side to sign up for volunteer dates.

Parent Volunteer Sign-Up

All parents must volunteer for at least two events to help keep score. Please circle below the two dates you can volunteer. Failing to circle the dates will result in an incomplete application. Those parents who cannot volunteer may pay an additional \$30.00 and not have to volunteer. Please include with your child's registration fee.

Name of Parent Volunteer _____

Daytime Phone Number: _____

Evening Phone Number: _____

Please circle at least two events below that you may volunteer on.

- | | | |
|----------|-------------------|--------------------------------------|
| Event #1 | Tuesday, July 7 | The Links at Pointe West |
| Event #2 | Monday, July 13 | Quail Valley Golf Club |
| Event #3 | Thursday, July 16 | Riomar Country Club |
| Event #4 | Monday, July 20 | Bent Pine Golf Club |
| Event #5 | Thursday, July 23 | The Moorings Club |
| Event #6 | Monday, July 27 | Vero Beach Country Club—Championship |

PLEASE MAIL ALL ENTRY FORMS TO:

SANDRIDGE GOLF CLUB
ATT: BELA NAGY
5300 73rd STREET
VERO BEACH, FL 32967

Waiver

I, as a participant, and/or the parent or guardian named below, agree to hold harmless the Host Golf Courses, League Directors, their employees, agents and volunteers from any and all damages, claims or causes of action which may arise from the participant's involvement in the Treasure Coast Junior Golf Tour, including but not limited to medical expenses and other costs related to any injuries suffered as a result of such participation. I further agree to indemnify Indian River County and their agents or employees against any actions filed by any other participant relating to the above participant's activities in the Treasure Coast Junior Golf Tour.

Further, I have read and understand the Rules and Regulations and Code of Ethics of the 2009 Treasure Coast Junior Golf Tour. I understand that if I violate any rule, I may be subject to suspension from the Tour and possibly expulsion.

Participant's Signature _____

Parent/Guardian's Signature: _____

Date: _____

PLEASE MAIL ALL ENTRY FORMS AND CHECKS TO:

SANDRIDGE GOLF CLUB
ATT: BELA NAGY
5300 73rd STREET
VERO BEACH, FL 32967

**The TCGA will accept only the first 150 paid applicants.

NO APPLICATIONS WILL BE ACCEPTED WITHOUT PAYMENT.