



*St. Augustine Amateur*  
*Local Qualifier Entry Form*  
*October 7th<sup>st</sup>, 2007*

*Players Name:* \_\_\_\_\_ *Date of Birth:* \_\_\_\_\_

*Home Address:* \_\_\_\_\_

*Contact Phone:* \_\_\_\_\_ *Email Address:* \_\_\_\_\_

By submission of this application, I agree that there are certain risks inherent in the game of golf and accept sole and personal liability for all such risks.

► *Signature of Applicant:* \_\_\_\_\_ *Date:* \_\_\_\_\_

*Certification of Parent or Guardian for Minor Applicants*

As parent or guardian of the Applicant, I am familiar with his plans to compete in the St Augustine Amateur. He does so with my approval and consent. Further, I hereby release for myself and the applicant, the St Augustine Amateur, Inc. its officers, directors, committee members and agents of any kind whatsoever, and the St Johns County Golf Course and all employees thereof, from any and all liability whatsoever for any event or occurrence arising out of or relating to the Applicant's participation in the tournament. In case of medical emergency I authorize a qualified medical doctor to take all necessary actions in treatment of the Applicant.

► *Signature of Parent or Guardian:* \_\_\_\_\_ *Date:* \_\_\_\_\_

---

***Tournament Information***

***Practice Privileges:*** *One practice round is included with this entry. Call 904-209-0350. Cart Fee additional.*

***Qualifier Entry Fee:***                      \$75                      \$10 Cancellation fee prior to Sept 30.                      No refunds after Sept 30.

*Additional Entry Fee of \$200 will be due from Qualifiers for tournament proper.*

*10 spots will be available. A playoff will be conducted if necessary for to settle ties for 10<sup>th</sup> spot and 4 alternates. (Provided, however, the number of spots may be changed at the discretion of the Committee based on the number of entrants.)*