



St. Augustine Amateur
Local Qualifier Entry Form
October 5thst, 2008

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 \$250 will be due from Qualifiers for tournament proper.

Number of available spots will be determined by number of qualifier entrants but will not exceed 10.. A playoff will be conducted if necessary for to settle ties for last spot and 4 alternates.