

2008 MUSSELMAN DUNNE COLLEGE DIVISION GOLF TOUR APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address (**please** print clearly): _____

Home Phone: _____ Cell Phone: _____

Gender: Male Female (circle one)

Membership fee	\$25.00
# _____ 1 - Day Events @ \$50	_____
# _____ 2 - Day Events @ \$75	_____
Subtotal for Events:	_____
Total:	_____
<small>(ALL EVENTS + MEMBERSHIP FEE)</small>	

SEND APPLICATION WITH CHECK PAYABLE TO:
Ky Junior Golf Foundation
P.O. Box 24292
Louisville KY 40224

Entry deadline is Thursday, May 15, 2008

Medical History:

Any reaction to medication (Y/N) Medications: _____

Any medical conditions: _____

Insurance Information:

Insurance Provider: _____

Policy/Group #: _____

Insurance Telephone#: _____

Please complete both sides of this form!

By submission of this membership/entry application, I agree to the tournament regulations set forth by the Kentucky Junior Golf Foundation. I agree that there are certain risks inherent in the game of golf and accept personal and sole liability for all such risks. I agree that this entry application is subject to rejection at any time. The reason for rejection may include unbecoming conduct.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial rights by signing it and sign it freely and voluntarily without any inducement.

MDCDGT Member Signature