

2010 POJGA APPLICATION FORM
RETURN THIS PORTION WITH CHECK PAYABLE TO POJGA

Name: _____ Birthday: _____ Age: _____ Sex: M or F

Address: _____ City: _____ Zip: _____

Home Course: _____ Home Phone: _____

Parents: _____ Work Phone: _____

Mom Work Phone: _____ Dad Work Phone: _____

Email: (Print Clearly) _____

Health Problems/Comments: _____

We understand that the Pickens-Oconee Junior Golf Association (hereafter known as the POJGA) and course owners are not liable for any accidents or injuries suffered while playing in the POJGA sponsored events. By signature below, we agree to fully indemnify and hold harmless the POJGA and its volunteers from any damages suffered by us or our child while participating, or traveling to or from a program sponsored by the POJGA. We also authorize and release the POJGA and/or its sponsor(s) to use any/all photographs of our child in the newspaper, advertisement or any other publication submitted for print in which the POJGA may participate.

Entry Fee = \$95 (make check payable to POJGA) *This amount includes the SCJGA Membership this year.*

I do ____ do not ____ give my permission to the POJGA to include my phone number in the POJGA EXCLUSIVE car pool directory.

PARENT/GUARDIAN: _____ DATE: _____

Please check below, the tournaments in which your child will participate:

SUNDAY	MAY 16 th	SMITHFIELDS CC	REGISTRATION (May choose to mail application.)	
MONDAY	JUNE 14 th	THE ROCK AT JOCCASSEE	_____	<p style="text-align: center;">Players are placed in divisions based on age as of June 1st.</p> <hr/> <p style="text-align: center;">18 years must not be in college or turn 19 prior to All-Stars.</p>
MONDAY	JUNE 21 st	ROLLING GREEN GC	_____	
MONDAY	JUNE 28 th	OCONEE CC	_____	
MONDAY	JULY 5 th	BROOKSTONE MEADOWS GC	_____	
MONDAY	JULY 12 th	PICKENS CC	_____	
MONDAY	JULY 19 th	THE WALKER COURSE	_____	
MONDAY	JULY 26 th	BOSCOBEL GC	_____	
MONDAY	AUG 2 nd	SMITHFIELDS CC	_____	

By your application, you are making a very important commitment. As a reminder of the POJGA, you must accept the responsibilities as defined in the POJGA Rules of Membership. By your signature, you agree to the aforementioned rules. It is very important that you understand your commitment. If you do not, the POJGA Director will explain this to you, to the satisfaction of you and your parent/guardian.

JUNIOR GOLFER _____ DATE: _____