

American Legion Children & Youth Post Championship Tournament Participation Form

Thursday, November 18th 2010 • Sanctuary Ridge Golf Course • Clermont Florida



Application Deadline: June 11th 2010

Eligibility: The Golf Tournament is open all legionnaires and members of the community.
Team Fee: Covered under the registering Post Commander/Team Captain.

Space is limited to 36 teams of 4, so sign up early!

Full Name: _____ Nickname: _____

Organization: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

Email: _____

In Case of Emergency, Please Contact:

Name: _____ Cell/Home Phone: _____

Handicap/Average Score: _____

Preferred Foursome:

1. _____

2. _____

3. _____

4. _____

If there is an individual or group with whom you would like to play, please write their name(s) below. We will make every attempt to accommodate your request.

Club Rental Needed? Yes No
 Men's Right handed Men's Left Handed
 Women's Right handed Women's Left Handed

Payment for club rentals for \$25 will be handled by the Pro Shop on the day of the tournament.

Please list any dietary restrictions, auxiliary aids or other reasonable accommodations you require to fully participate in this event.

: _____

FOR POST COMMANDER/TEAM CAPTAIN ONLY Tournament Fees

Payment must be made in U.S. dollars by check or credit card. Forms submitted without payment will not be processed.

Check/Money Order Enclosed

AMEX Discover MasterCard VISA

Card Number _____ Exp _____

Card Holder Name _____

Phone _____

Signature _____

Cancellation Policy: There will be no refunds for cancellations. However registration is transferable to another attendee or guest. Cancellation/substitution requests must be received in writing (via e-mail or fax).

WAIVER OF LIABILITY:

In consideration of my entry, I, my heirs, executors and administrators waive all claims, release from all liability, and agree to hold harmless, The American Legion, its agents, members and sponsors of this event for any and all injuries and damages suffered by me in connection with this event I understand that this tournament entails personal risk, including serious bodily injury and even death, and I voluntarily assume that risk. I recognize the physical exertion involved in the event and attest and certify that I am physically fit to compete safely, and I have not been advised otherwise by a health care professional.

Signature _____

Date _____

Please return this form to:

Vanesa Anderson-Rosa
The American Legion Department of Florida
1912 A Lee Road
Orlando FL 32810

FX: 407-299-0901
PH: 407-295-2631 Ext: 229
vanesa@floridalegion.org