



## JUNIOR CHAMPIONSHIP

Wednesday June 23, 2010 @ Golden Oaks Golf Club

Entries Close June 5th

Entry Fee: \$40.00

**Lunch is NOT included in this event.**

Make checks payable to: **Berks County Golf Association.** No cash payments accepted.

**Mail all entries to:** BCGA Junior Championship c/o Ron Romanik  
320 Briarwood Drive  
Elverson, PA 19520

### **Player Information:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

USGA Handicap (or average for 18 holes): \_\_\_\_\_

**Please enter me in the 2010 Junior Championship in the following Age Division:**

\_\_\_\_ Enter me in the **17-18** age group (Men's tees)

\_\_\_\_ I am \_\_\_\_ yrs old **BUT** want to compete for the '**Overall**' Championship

\_\_\_\_ Enter me in the **15-16** age group (Youth tees)

\_\_\_\_ Enter me in the **13-14** age group (Youth tees)

### **Parent/Guardian Information:**

Name: \_\_\_\_\_

Phone: (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

Club Affiliation (if any) \_\_\_\_\_

Contact Email: \_\_\_\_\_

I agree to the Championship regulations and have noted entry requirements. One of my parents/guardians are either a resident of Berks County or a member of a BCGA Member Club. I agree to abide by the Code of Conduct of the Association.

### **Player:**

Name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Certification of Parent or Guardian**

As parent or guardian of the applicant, I hereby certify that I am familiar with my sons/daughters plans to participate in the BCGA Junior Championship and that he/she does so with my approval and consent. In case of a medical emergency occurring during this Championship, I authorize a qualified medical doctor to take all necessary measures in the treatment of the applicant.

Name (print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_