## **Pioneer Junior Golf Tour Application**

APPLICATION FORM - complete both sides ONE FORM PER PARTICIPANT

Participant's Name:

Applicants for the Pioneer Tour *must* have a working knowledge of the rules, understand the etiquette of the game and be able to consistently break 60 for nine holes.



Date of Birth:	Player Experience:  Handicap:  GHIN #:  Last 5 scores:  Dates:				
Date	Tournament	Location		Player	Volunteer
Wednesday, July 2	Masters	Valley Brook GC, River Vale			
Monday, July 7	The Heritage	Rockleigh GC, Rockleigh			
Monday, July 14	The Memorial	Darlington GC, Mahwah			
Monday, July 21	The Open	Overpeck GC, Teaneck			
Monday, July 28	The PGA	Soldier Hill GC, Emerson			
Monday, August 4	Players Championship	Rockleigh GC, Rockleigh			
Qualifying Rounds: Monday, August 11 Match Play: Tues. 12, Wed. 13	Yaz Consalvo	Qualifying Round Valley Brook GC, River Vale Match Play for Qualifiers			
Monday, August 18	Tour Championship	Soldier Hill Golf Course		Pay on site if qualified	
Application Fed Tournament Bo Total Amount F	oxes Checked	+	x \$ 15.00	=	\$ 20.00 \$

Mail completed application, copy of birth certificate, and check (payable to BC Dept. of Parks) to:

BC Golf Administration Office Soldier Hill Golf Course 99 Palisade Avenue Emerson, NJ 07630 201-336-7259

## **VOLUNTEERS**

Volunteers are important to the success of The Pioneer Tour. The Department of Parks has limited staff to run the program. Help is needed during registration, scoring and during play to walk with the Division IV participants. Prior golf experience is a plus but is not necessary. Staff members will give detailed instruction to the volunteers prior to each event. Please participate.

## **Application Form**

COMPLETE BOTH SIDES

Complete only one form per child. Participants may apply for only one program.

Photo copies of the application are acceptable.

ALL applicants must supply COPY OF BIRTH CERTIFICATE even if they participated last year.

Participant's Last Name:								
Participant's First Name:								
Home Address:								
City/State/Zip:								
Home Phone: ( )			Male □	Female □				
Birth date:/ Age on August 1, 2	We ni	FN						
Copy of birth certificate required.		FFRS						
Parent's / Guardian's Name:	for The Q To							
E-mail	The Pioneer Tour (Div. IV)  Volunteers are a critical part of the Pioneer Program. Some of the duties							
E-mail  ALL NOTICES OR UPDATES WILL BE EMAILED								
In the event of an emergency contact:			include walking with gro					
Name:	_ Phone (	)	with registration or over See reverse side to indic	ate when avail-				
			able and then sign in at the	he tournament.				
Name:	_ Phone (	)						
I understand The Pioneer Tour regulations and agree that this entry is subject to the approval or rejection at any time by The Pioneer Tour Committee at their discretion. I understand that the use of alcohol, tobacco, drugs or misconduct may disqualify me.								
Signature of Applicant:			Date:					
APPROVAL AND CONSENT BY PARENT OR GUARDIAN: As a parent or guardian of the applicant, I hereby certify the facts as stated in this entry form and attest that I am familiar with his/her plans to participate and that he/she does so with my approval. I further certify in the event that emergency medical care needs to be administered to the above named applicant, and the below mentioned person cannot be contacted, the required parental consent may be given by an authorized member of the The Pioneer Tour Committee. INDEMNIFICATION AGREEMENT AND RELEASE: In consideration of the above named participant I hereby agree to indemnify, defend and hold harmless the Bergen County Department of Parks its employees, volunteers and its golf facilities, The Pioneer Tour, and its committee members from any liability or claim or action for damages arising from my child's participation in this program regardless of the cause including the negligence of the above named entities. I understand the risks inherent in the game of golf and agree to assume the risk to my child or possible injury and to assume liability for my child's conduct.								
Signature of Parent or Guardian:	Date:							