

2009 EWGA Championship

Official Registration/Entry Form- U.S. EWGA Members

Name <i>(First, Last)</i>	
Street	
City, State	
Zip	
Email	
Telephone	

EWGA Member #	
Chapter Name	

EWGA Championship Fee:	\$35.00
Chapter Tournament Fee:	45.00
Total Fees:	\$ 80.00



PAYMENT INFORMATION

Check enclosed or Pay by Credit Card:

Visa Master Card American Express

Credit Card #

Must use Google Check-Out on Chapter website

Send Checks made out to: EWGA Central Indiana Chapter, P.O. Box 531302, Indianapolis, IN 46253-1302

VERIFIABLE USGA HANDICAP INFORMATION

Verifiable by Chapter Championship Committee through the Chapter, club of which you are a member, service issuing USGA handicap index or by an LPGA/PGA Professional

Current USGA Handicap Index	
Handicap Computation Service (GLMS, GHIN, etc.)	
Handicap ID number:	
Organization Issuing Handicap Index (EWGA, GAM, SCGA, etc.)	
Website for Verification	

A copy of your USGA Handicap Index is a required attachment to this Application. Please attach either a copy of your Handicap Card or computer printout from your Handicap Index Computation Service.

**Enter me in the following Competition:
(check one)**

Stroke Play **Scramble Team**

SCRAMBLE TEAM MEMBERS

	Name (First, Last)	Index Factor
Captain		
2		
3		
4		

BY SUBMISSION OF THIS ENTRY I AGREE TO THE FOLLOWING STIPULATIONS

I agree to the EWGA Championship regulations herewith. I have read the Entry & Official Rules, noted requirements for participation, notice of withdrawal, payment of the entry and tournament fees, and requirements should I advance to the next level of the EWGA Championship.

◆I understand the refund policy should I withdraw. The EWGA Championship Entry Fee will be refunded regardless of reason if the Chapter Championship Director is notified *prior* to the close of registration. After the close of registration, entry fees are not refundable. Check Chapter Policy for tournament fees refund.

◆I agree that this entry is subject to rejection at any time (including during the Championship) by the EWGA representative in charge. The reason for rejection may include unbecoming conduct.

◆I understand that appeals on any questions must be in writing to the EWGA Championship Committee and that the decisions of the Committee are final.

◆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 I am a female amateur golfer. I have not accepted money for expenses based on my golfing ability to participate in this or any other competition other than what is allowable under the USGA Rules of Amateur Status.

◆I give EWGA, the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion. I release EWGA, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

◆I agree that the responsibility for ensuring that the Chapter Championship Director receives this application by the specified deadline is mine alone and that this application will be rejected if received past the deadline. I agree that the risk of delay or error in transmission lies solely with me and that EWGA has no liability with respect to any such delay or error and the consequences, including rejection of this entry.

Signature of Applicant

Date

**Scan and e-mail to adblack14@aol.com or send to: Anne Black, 13129 Pinner Ave., Fishers, IN 46037
If mailed must receive by June 10, 2009.**
