

Pioneer Q Tour Application

APPLICATION FORM - complete both sides

ONE FORM PER PARTICIPANT



REGISTRATION: Due to the popularity of this program it is sometimes necessary to choose participants by lottery. To be eligible for this lottery, application must be received by May 30, 2025. Applications received after May 30, 2025 will be accepted only if space is available (first come first serve basis).

Volunteers are needed at the Q-Tour to walk/ride with each group. Responsibilities of the volunteer are limited to the pace of play of the group and the safety of the participants. *No golf instruction is expected or allowed.* Prior golf experience is a plus but not necessary. The Q-Tour committee will instruct the volunteers before the start of the program. Please participate! Check available dates below.

Participant's Name: _____
Date of birth: ___/___/___ Age on August 1, 2025 _____

Copy of birth certificate required.

Volunteer's Name: _____

Volunteers: Please check available dates. June 30 July 7 July 14 July 21 July 28

Pioneer Q Tour

The Q Tour is designed for the intermediate golfer who understands the basics of the game but cannot consistently break 60 for nine holes. Limited instruction on etiquette will take place on the course. Subjects covered in this program will include: etiquette, rules of golf, course management and speed of play.

The program runs five weeks. A Q Tour official will evaluate a player's ability at the player's request and if the official deems the player to have sufficient skill and knowledge they may invite the player to join The Pioneer Tour. This, of course, will depend if space is available on The Pioneer Tour.

Mondays, June 30, July 7, 14, 21, 28

Orchard Hills County Golf Course, Paramus

Fee	Application Fee	\$ 20.00
	Q Tour Events	+ \$ 75.00
	Total Amount: MUST ENCLOSE PAYMENT WITH APPLICATION	= \$ 95.00

Mail completed application **WITH** check made payable to Bergen County Department of Parks and copy of birth certificate to:
Bergen County Golf Office
Soldier Hill Golf Course
99 Palisade Avenue
Emerson, NJ 07630
201-336-7259

Select session: (choice is not guaranteed.)

Monday	Check One
#1: 12:00 - 2:30	<input type="checkbox"/>
#2: 3:00 - 5:30	<input type="checkbox"/>

MUST SEND PAYMENT WITH APPLICATION. Successful applicants will be notified via email by June 13, 2025.

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, 2025 _____

Copy of birth certificate required.

Parent's / Guardian's Name: _____

E-mail _____

ALL NOTICES OR UPDATES WILL BE EMAILED

In the event of an emergency contact:

Name: _____ Phone () _____

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 and its individual 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: _____

WE NEED VOLUNTEERS

**for The Pioneer Tour (Div. IV)
and Q Tour**

Volunteers are a critical part of the Pioneer Program. Some of the duties include walking with groups, helping with registration, overseeing activities.

See reverse side of form for details.