Pioneer Junie APPLICATION FORM ONE FORM PER PAR Applicants for the Pion of the rules, understar consistently break 60 Participant's Name: Date of Birth:	THE PIONEER junior tour Player Experience:						
ALL applicants must supply COPY OF BIRTH CERTIFICATE even if they participated last year.			Handicap:				
Category (check one) [Age on AUGUST 1 determines division]:				GHIN #:			
<ul> <li>Div IV - boys &amp; gins 3-12 (must have qualified inst in Q-rour)</li> <li>Div III - girls ages 13-18</li> <li>Div II - boys ages 13-15</li> <li>Div I - boys ages 16-18</li> </ul>				Last 5 scores: Dates:			
Date	Tournament	Loca	tion			Player	Volunteer
Thursday, July 6	Masters		Brook GC, River Vale				
Monday, July 10	The Heritage	Rockle	igh GC, Rockleigh				
Monday, July 17	The Memorial	Darling	ton GC, Mahwah				
Monday, July 24	The Open	Overp	eck GC, Teaneck				
Monday, July 31	The PGA	Soldier	Hill GC, Emerson				
Monday, August 7	Players Championship	Rockle	igh GC, Rockleigh				
Qualifying Rounds: Monday, August 14 <i>Match Play</i> : Tues. 15, Wed. 16	Yaz Consalvo	Valley	ing Round Brook GC, River Vale Play for Qualifiers				
Monday, August 21	Tour Championship	Soldier Hill Golf Course				Pay on site if qualified	
Application Fee Tournament Boxes Checked Total Amount Enclosed:			+	. х	\$ 15.00 Total	= \$	\$ 20.00 \$
Mail completed applica and check (payable to BC Golf Administra Soldier Hill Golf Co 99 Palisade Avenue Emerson, NJ 0763 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 Aug Copy of birth certificate required. Parent's / Guardian's Name: E-mail <i>ALL NOTICES OR UPDATE</i> In the event of an emergency contact: Name:	S WILL BE EMAILE		<b>WE NEED</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b>Solution</b> <b></b>
Name:	Phone (	)	
I understand The Pioneer Tour regulations The Pioneer Tour Committee at their discre may disqualify me.			
Signature of Applicant:			Date:
APPROVAL AND CONSENT BY PARENT OR GU	ARDIAN: As a parent o	r guardian of the applica	nt, I hereby certify the facts as stated in this entry form

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:\_\_\_\_\_