

7th Grand Valley Amateur Championship
Conducted by: The Meadows Golf Club
(formerly the Ottawa County Amateur Championship)

Date: July 25 & 26, 2009

Format: Open Division: 54 hole stroke play, Senior Division: 36 hole stroke play

Course: The Meadows Golf Club

at Grand Valley State University

Entry Fee: \$90 must be included with application

Entry Deadline: The first 120 qualified applicants.

All entries must be mailed to or dropped off at:

The Meadows Golf Shop
4645 West Campus Drive
Allendale, MI 49401

Make checks payable to: The Meadows Golf Club

NAME: _____ **Date of Birth** _____

Mailing Address: _____

City: _____ Zip _____

Day Phone: _____ Evening Phone: _____

E-mail Address: _____

Payment Information

Entry Fee: \$90 Method of Payment: Credit Card _____ Check _____

Card Type: MasterCard _____ Visa _____ American Express _____ Discover _____

Card Number: _____ Expiration Date: ____/____/____

Cardholder Name: _____

Billing Address: _____ City _____ Zip: _____

NOTE: Applicants must complete the handicap information on the entry form.

AFFIRMATION: I have read the Tournament Player's Information, and I agree to observe all regulations and conditions stated. As a condition of entry, I understand and agree to follow and observe the USGA Player Code of Conduct. I have conformed to all aspects of the Rules of Amateur Status.

Signature of Applicant _____ **Date:** _____

CERTIFICATION OF PARENT OR GUARDIAN (Required if applicant is under the age of 18):
As parent or guardian of the applicant, I hereby certify the facts in this entry form and state that I am familiar with his plans to participate and that he does so with my approval. Further, I, for myself and the applicant, hereby release The Meadows GC, Grand Valley State University, all tournament officials, committee members and employees of the above mentioned operations from any and all liability for any event or consequence whatsoever in any way arising out of or relating to the applicant's entry or

participation in this Championship with the sole and singular exception of liability arising out of bad faith or willful misconduct. In case of emergency occurring during this Championship, I authorize a qualified medical doctor to take all necessary measures in the treatment of this applicant.

Signature of Parent or Guardian: _____ Phone: _____

Print Name: _____ Relation to Applicant: _____

HANDICAP VERIFICATION

All handicaps must be verified by the golf professional, general manager or golf course operations manager at the club where the handicap is established.

The most current USGA Handicap Index for the player identified on the tournament application is:

Current Index _____ . _____ Effective Date: _____

Club Name: _____ City: _____

Verified By: _____ Phone: _____
Please Print

Signature: _____ Title: _____