



NCC Sports and Athletics
 Department of Community Services
 77 Reads Way New Castle, DE 19720
 (302) 395-5890 (office) (302) 395-5892 (fax)



Christopher A. Coons
 County Executive

2010 SENIOR (50 & OVER) 9 HOLE GOLF LEAGUE

*** Online registration available at www.nccdesports.com. Credit cards accepted ***

- DATES:** Mondays, September 13 thru November 01 (8 weeks plus make-up dates if needed)
- TEE TIMES:** Beginning at 7:30 a.m. (With weekly sign - up lists)
- LOCATION:** Delcastle Golf Course (998-9505)
- ENTRY FEE:** \$23 per person league fee (Credit card, check, or money order only should be made payable to New Castle County and returned to Sports and Athletics Section); plus, weekly greens fees paid at the course – \$27 for 9 holes with cart and \$17 to walk. 18 holes would be \$20 to walk and \$36 to ride.
- DEADLINE:** September 08, 2010. Registrations are accepted on a first-come - first-served basis to the first 48 players.
- FORMAT:** Certified handicaps are *not* required. Players may pair up with friends each week or be assigned with other golfers. Weeks 1 & 2 will use a Calloway System and/or special contests for scoring purposes (such as fewest puts, fewest tee to green shots, etc...). Weeks 3 - 8 will be scored using the league handicap system. Weekly points will be issued accordingly: 5 pts - 1st place; 4 pts. - 2nd place; 3 pts - 3rd place; 2 pts. - 4th place; 1 pt - all other participants. Gift certificates will be awarded at end of season to the top finishers in the following categories: Men's Open Low Gross, Women's Open Low Gross, 50 & Over Low Net, 65 & Over Low Net, 75 & Over Low Net.
- MEETING:** A rules and information meeting for **new players** will be held at the Sports Office Center located in the Gilliam Building (77 Reads Way off of Commons Boulevard) on **September 08 at 7:00 pm.**
- INFORMATION:** Any questions and/or to reserve your tee time for opening day (Sept. 13), call the Sports & Athletics Office at 395-5890 (M-F 8 a.m. – 4 p.m.). Inclement weather on day of event call 395-5891 for update.

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Please print clearly and complete all information below. \$23 payment (credit card, check or money order payable to NCC) must be included.

| | | | |
|--------------------------------|-------------------------------|-----------------|----------|
| Name | Date of Birth | Gender (circle) | |
| | | Male | Female |
| Address | City | State | Zip Code |
| Home Phone | Daytime Phone (circle one) | work | cell |
| | Email | | |
| Average Gross Score (18 holes) | Course Member (if applicable) | | |

WAIVER / PARTICIPATION AGREEMENT: I request permission to participate in the Golf League sponsored by New Castle County. I agree to abide by all rules and regulations adopted and published by New Castle County relating to the operation and conduct of the Golf League and the use of the facilities provided for the Golf League games. I understand that my failure to observe these rules may result in my being excluded from participation in the Golf League. I represent that I am physically able to participate in the Golf League. I fully understand and agree that my participation in the Golf League may entail the risk of physical injury. I agree to assume such risk and to waive any claim of any kind whatsoever, whether resulting from an injury otherwise, resulting from my participation in the Golf League. I further agree to release, indemnify and hold harmless the Golf League and New Castle County, and their respective directors, officers, employees, agents and/or representatives from any and all liability occurring as a result of my participation in the Golf League. I will be personally responsible for any financial cost incurred as a result of my participation in the Golf League, including, without limitation, transportation and/or medical expenses incurred as a result of any injury. Furthermore, I understand that New Castle County assumes no liability for loss, misplaced, stolen and/or damaged personal property and I hereby agree to release New Castle County from any such liability. The undersigned has read and voluntarily signed this waiver/participation form.

Name _____ Signature _____ Date _____

| | | | | |
|----------------|------|--------|------------|----------------------|
| For Office Use | Date | Amount | Check Name | Check No. / Bank No. |
|----------------|------|--------|------------|----------------------|

For Credit Card Payment Only

American Express
 MasterCard
 Visa

| | | | |
|------------------|--------------|-------------|-------------------|
| Amount to Charge | Name on Card | Card Number | Exp. Date (mo/yr) |
|------------------|--------------|-------------|-------------------|



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