



41st Annual Trusted Choice® Big “I” National Championship Delaware State Tournament

Tournament Date & Location

July 2
Garrisons Lake Golf Club
Smyrna, DE
Registration Deadline: June 25, 2009*



New Location!

*Cancellations received after this deadline will **not** be refunded.
State qualifying tournament is proudly sponsored by the Delaware Association of Insurance Agents & Brokers.

Complete Information Below. Please print clearly.

Name _____

Address _____

City _____ State _____ Zip Code _____

Home Phone: _____ Alternate Phone: _____

Email: *REQUIRED _____

Date of Birth: (mm/dd/yyyy) _____ Handicap or Average 18-Hole Score: _____

Method of Payment: **State Tournament Fee: \$75**

- Check enclosed payable to **Delaware Association of IA&B.**
- Charge to my: Visa MasterCard Am. Express

Credit Card _____ / _____ Exp. Date

Name on Card _____

Signature of Cardholder _____

Please mail or fax to:
Delaware Association of IA&B
PO Box 2023, Mechanicsburg PA 17055-0763
Fax: (717) 795-8347
Visit iabgroup.com or call (800) 998-9644 for more information.



IA&B Office Use:
Date Rcvd: _____
Amt. \$ _____
Check #: _____ P A
Date Ent: _____
Code _____

Who is your family's insurance agent for auto and homeowners insurance?

List the names of your local newspaper(s):

Name of your high school:

Eligibility: The tournament is open to any male golfer whose 19th birthday does not occur prior to the end of the Big “I” National Championship (July 30, 2009) and who has not started college.

Amateur Status:

I am familiar with the USGA Rules of Amateur Status and I have conformed with those rules in every respect. I understand the Championship regulations and agree that this entry is subject to the approval or rejection at any time by the Trusted Choice ® Big “I” Junior Classic officials at their discretion.

Signature of Applicant **(Required)**

_____ Date

Approval and Consent by Parent or Guardian:

As parent or guardian of the applicant, I hereby certify the facts as stated in this entry 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 persons cannot be contacted, the required parental consent may be given by an authorized member of the tournament committee.

Signature of Parent or Legal Guardian **(Required)**

_____ Date

Daytime Phone Number _____

Email Address _____

In the event of an emergency, the parent/guardian will be contacted first.

Please provide alternate contact: (Required)

Name _____

Daytime Phone Number _____