

JUNIOR CHAMPIONSHIP
June 26th & 27th - Wednesday & Thursday

Format : Thirty-six (36) hole individual stroke play competition with age classes.

Eligibility:
 This Championship is open to male amateur golfers who are at least 12 years old*, who have not reached their 19th birthday as of June 26, 2012 and are not currently attending college. Players must either be a member of a DSGA member club or a resident of the State of Delaware.

*** Under 12 years old:** Consideration will be given for contestants under 12 years old. For consideration, players must have a reasonable understanding of the rules, golf course etiquette, must be able to carry a bag of clubs for 18 holes while maintaining the pace of play and must be authorized and approved by the DSGA

Location : Chesapeake Bay G.C. at Rising Sun
 Rising Sun, MD
Start Time: Round 1 : 8:00am tee times
 Round 2 : 8:00am shotgun
Entry Fee: \$35.00
Entries Open: March 1, 2012
Entries Close: 5:00 pm - June 17, 2012

Mail or drop-off entries to:
 Delaware State Golf Association
 7234 Lancaster Pike, Suite 302-B
 Hockessin, DE 19707

Entries will not be accepted if not properly completed and accompanied by entry fee

ENTRY DEADLINE: Entry must be received at the DSGA office by 5:00 PM on June 17th, 2012

Enclosed is my fee of \$35 2012 DSGA Junior Amateur Championship

Name _____ Birth Date: Month _____ Day _____ Year _____
 Address _____ Age: (on 6/29) _____
 City _____ St _____ Zip _____ Home Phone: () _____
 Email Address: _____

Handicap Index/Ave. Score (18 holes): _____ **Club Affiliation** _____

I understand that this entry is subject to acceptance or rejection by the DSGA at any time. I am qualified by the rules of eligibility, and I agree to abide by the regulations of this Championship. My entry fee is included and I understand this entry fee is nonrefundable upon acceptance into the tournament after the entry closing date of June 17, 2012.

Signed: _____ **Date:** _____
 (Contestant's Signature)

CERTIFICATION OF PARENT OR GUARDIAN

As parent or guardian of the applicant, I hereby certify the facts on this entry form as true and accurate to the best of my knowledge and state that I am familiar with his plans to participate and that he does so with my approval. In case of an emergency occurring during this championship, I authorize all necessary measures in the treatment of this applicant.

Signed: _____ / _____ **Date:** _____
 (Signature of Parent of Guardian) / (Relationship to Applicant)