2010 EWGA Championship

Official Registration/Entry Form
U.S. EWGA Members

Name *(First, Last)*	
Street	
City, State	
Zip	
Email	
Telephone	( )

EWGA Member #	
Chapter Name	**Washington DC Metro**

EWGA Championship Fee:	**$35.00**
Chapter Tournament Fee:	**112.00**
Total Fees:	**$147.00**

Casual Play Fee:	**$110.00**

PAYMENT INFORMATION

____Check payable to EWGADC ($147 or $110)

____Pay Online (Send your payment confirmation)

VERIFIABLE USGA HANDICAP INFORMATION

Verifiable by Chapter Championship Committee through the Chapter/Club to which you belong (such as EWGA) with a service issuing USGA handicap index or by an LPGA/PGA Professional.

Current USGA Handicap Index	
Handicap Computation Service (GLMS, GHIN, etc.)	
Handicap ID number:	
Organization Issuing Handicap Index (EWGA, GAM, SCGA, etc.)	
Website for Verification	

A copy of your USGA Handicap Index is a required attachment to this Application.

Entry Instructions

Mail your completed, signed form, your Handicap Card/Printout from your handicap computation service, and either your online payment receipt or a check for the entry fees to:

Handicap Chair
7033 Stone Inlet Drive
Fort Belvoir, VA 22060

(If you have paid online you may send your materials by PDF to handicap@ewgadc.org.)

Enter me in the following Competition:
(check one)

☐ **Stroke Play** ☐ **Scramble Team**

SCRAMBLE TEAM MEMBERS

	Name (First, Last)	**Index Factor**
Captain		
2		
3		
4		

BY SUBMISSION OF THIS ENTRY I AGREE TO THE FOLLOWING STIPULAITONS

I agree to the EWGA Championship regulations herewith. I have read the Entry & Official Rules, noted requirements for participation, notice of withdrawal, payment of the entry and tournament fees, and requirements should I advance to the next level of the EWGA Championship.

♦I understand the refund policy should I withdraw. The EWGA Championship Entry Fee will be refunded regardless of reason if the Chapter Championship Director is notified *prior* to the close of registration. After the close of registration, entry fees are not refundable. Check Chapter Policy for tournament fees refund.

♦I agree that this entry is subject to rejection at any time (including during the Championship) by the EWGA representative in charge. The reason for rejection may include unbecoming conduct.

♦I understand that appeals on any questions must be in writing to the EWGA Championship Committee and that the decisions of the Committee are final.

♦I agree that there are certain risks inherent in the game of golf and accept personal and sole liability for all such risks.

♦I agree that I am a female amateur golfer. I have not accepted money for expenses based on my golfing ability to participate in this or any other competition other than what is allowable under the USGA Rules of Amateur Status.

♦I give EWGA, the absolute right and permission to use my photograph in its promotional materials and publicity efforts. I understand that the photographs may be used in a publication, print ad, direct-mail piece, electronic media, or other form of promotion. I release EWGA, the photographer, their offices, employees, agents, and designees from liability for any violation of any personal or proprietary right I may have in connection with such use.

♦I agree that the responsibility for ensuring that the Chapter Championship Director receives this application by the specified deadline is mine alone and that this application will be rejected if received past the deadline. I agree that the risk of delay or error in transmission lies solely with me and that EWGA has no liability with respect to any such delay or error and the consequences, including rejection of this entry.

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Signature of Applicant **Date**

Application, payment & Handicap Card must ARRIVE by Friday, July 2, 1010.