



Arkansas State Golf Association Junior Four-Ball Championship

Name: _____

Address: _____

City: _____ Zip: _____

Age: _____ Date of Birth: _____

Cell Phone: _____

Email: _____

Handicap Index: _____

GHIN Number: _____

Gender: _____

Partner's Information:

Name: _____

Address: _____

City: _____ Zip: _____

Age: _____ Date of Birth: _____

Cell Phone: _____

Email: _____

Handicap Index: _____

GHIN Number: _____

Gender: _____

When: April 27th & 28th , 2024

Where: Highlands Golf Course

**Entry Fee: \$100 per player OR
\$200 per team**

**ENTRY DEADLINE
April 19th by 4:00 p.m.**

We understand that our entry is subject to rejection at any time (including during the Championship) by the ASGA or the host club. The reason for rejection may include unbecoming conduct. Any questions shall be settled by the ASGA, whose decision is final. We hereby acknowledge that the Arkansas State Golf Association and host club are not responsible for personal injury during this Championship. We have read the Rules of Amateur Status and we conform with those rules in every respect.

Signature of one player

Date



Arkansas State Golf Association Junior Four Ball Championship



Eligibility – Open to male and female, amateur golfers who are individual members of the ASGA. The minimum age is 12 and the maximum is 18, or until the player has begun college, younger participants must be approved by the ASGA. Non-Residents are not eligible, except a person may live in Texarkana, Texas but **MUST** be a member of Texarkana C.C. and an individual member of the ASGA. Eligibility questions should be address to Tyler Meyl, Director of Junior Golf prior to entry: Tyler@asga.org or call 501-455-2742. The Field is limited to the first 30 registered teams.

Format and Starting Times – The format is 36 holes of four-ball stroke play. Tee times will be used for Saturday's round beginning at 8:00 A.M. . Sunday's tee times will begin at 8:00 A.M. Lunch will be served after Saturday and Sunday's round. Limited amount of Spectator carts available to rent at the price of \$15.00 .

Entry Deadline – The application and entry fee must reach the ASGA office, P. O. Box 30250, Little Rock, AR 72260, no later than 4:00 p.m. Friday, April 19th, 2024. It is permissible to copy this entry form, if necessary. Late or incomplete entries will not be accepted.

Practice Round – A practice round is available for registered competitors leading up to the championship. Please contact Highlands Golf Course Staff, (479)-855-8150, to arrange a practice round, restrictions may apply. Male competitors will play from approx. 6,400 yards (Blue Tees) and females will play from 5,968 yards (Yellow Tees).

I hereby acknowledge and agree that the Arkansas State Golf Association (the "ASGA") and host club are taking commercially reasonable steps in accordance with Centers for Disease Control ("CDC") guidelines and other applicable government regulations to provide a safe environment for the golf tournament being put on by the ASGA and the host club during the continuation of the ongoing Covid 19 pandemic. By signature below or by completing the online entry and hitting the submit/enter button as described herein, I hereby acknowledge and agree that (i) I am fully aware and comprehend and appreciate the risks relating to the Covid 19 virus or other risks relating to the participation in this event, (ii) I understand and hereby voluntarily consent to accept these risks, and (iii) I hereby forever release, waive, acquit, and discharge the ASGA, the host club, and each of their respective owners, officers, employees, board of directors, agents, representatives, affiliates and assigns (collectively, the "Released Persons") from and against all actions, rights, and causes of action, liabilities, damages, expenses, costs, claims and demands whatsoever that may exist or hereafter accrue against any Released Person who or which may be charged with responsibility for injuries to me, the treatment thereof, and all consequences flowing therefrom, as a result of participation in the golf tournament.

Signature of Player _____
Date _____

Please makes checks payable to the ASGA
and mail completed entry form with check to:

ASGA
P. O. Box 30250
Little Rock, AR 72260