



4th WCGA JUNIOR GIRLS' GOLF CHAMPIONSHIP
JULY 11 - 13, 2010
COUNTRY CLUB OF WHISPERING PINES
WHISPERING PINES, N.C.
910-949-3000

Eligibility: Open to all female amateur golfers who will graduate from high school in 2013 or later, and whose primary residence is North Carolina or South Carolina. Entries are subject to rejection at any time (including during the Championship) by the Women's Carolinas Golf Association Junior Girls' Committee. The reason may include unbecoming conduct. The field will be limited to the first 80 entries. A waiting list will be formed with any remaining entries. Applicants will be notified by e-mail as to their acceptance or waiting list status.

Divisions: **Championship:** Any player (regardless of age) who wants to compete for the overall Championship. This division will play 18 holes each day, at approximately 5700 yards.
Junior: Any player (regardless of age) who wants to play 18 holes each day, but who does not want to compete from the Championship tees. This division will play at approximately 5200 yards.
Sub-Junior: Any player who is 12 years of age or younger (as of the last day of the tournament), and who only wants to compete for 9 holes each day. This division will play at approximately 2400 yards.

Format: Individual Stroke Play
Flights within divisions will be determined by first round scores, and will be at the discretion of the Committee.

Entry Deadline: Entries must be received by July 3, 2010.

Practice Round: The golf course will be open for a practice round on July 11. You may call the golf shop at 910-949-3000 any time after July 5 to arrange for a tee time. Plan to finish your practice round before 6:00 PM in order to attend the **mandatory** Players' Meeting. Carts will be allowed for practice round only, with a licensed driver.

Registration: All contestants must register in person by 4:00 PM on July 11 or notify Tournament Director of late registration.

Proper golf attire is required—NO jeans, short shorts, or tank tops. The Country Club of Whispering Pines is a spikeless facility. Contestants are required to walk during the competition. NO caddies or electric carts. Pull carts are allowed. Spectators may rent carts for tournament days.

SCHEDULE OF EVENTS

Contestants are expected to attend **ALL** functions.

Sunday, July 11	11:00 AM	Practice round
	6:00 PM	Registration open - register in person before 4:00 PM or notify Tournament Director of late registration
	6:30 PM	Players' Meeting
	7:00 PM	Rules Clinic
		Casual Dinner
Monday, July 12	7:00 AM	Tee times start for first round of tournament play
	6:30 PM	Banquet
Tuesday, July 13	8:30 AM	Shotgun start for final round of tournament play
		Awards and luncheon following play

Vicki DiSantis, Junior Tournament Director
Women's Carolinas Golf Association
1600 Morganton Road, Y-36
Pinehurst, N.C. 28374
vdisantis@nc.rr.com
910-295-4866



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RODNEY RUSSELL, DIRECTOR OF GOLF

Application for Entry

Name _____ E-Mail _____

Street Address _____

City/State/Zip _____ Telephone (____) _____

Age as of July 13, 2010 _____ Date of Birth _____ High School Graduation Year _____

Handicap Index _____ or Average 18 Hole Score _____

I wish to enter the: Championship Division _____ Junior Division _____ Sub-Junior Division _____

Entry Fee is \$50. Please make check payable to: Carolinas Junior Girls' Golf
Mail entry to: Vicki DiSantis
Women's Carolinas Golf Association
1600 Morganton Road, Y-36
Pinehurst, N. C. 28374

CERTIFICATION OF PARENT OR GUARDIAN

~As parent or guardian of the applicant, I hereby certify the facts on this entry form and state that I am familiar with her plans to participate in this Championship. Further, I, for myself and the applicant, release the WCGA, its committee members and officers, from any and all liability for any event or consequence whatsoever in any way arising out of or relating to the applicant's entry or participation in this Championship. I agree that there are certain risks inherent in the game of golf and accept personal and sole liability for all such risks, including, but not limited to, any health-related risks. In case of a medical emergency occurring during this Championship, I authorize a qualified medical professional to take all necessary measures in the treatment of this player.

~The player and her parent or guardian consent to the use by the WCGA, or persons authorized by the WCGA, of the player's name, likeness, references to her, and photographs and other images of her and her play connected with her appearance in this Championship.

~The player and her parent or guardian agrees to abide by all decisions of the WCGA Committee, and by the Code of Conduct for Players and the Code of Conduct for Spectators (available at www.wcgagolf.org).

Parent/Guardian's Name _____ Signature _____

Relation to Applicant _____

Applicant's Signature _____ Date _____