Conducted by RCGA
Royal Canadian Golf Association | Association Royale de Golf du Canada

CANADIAN MEN'S AMATEUR CHAMPIONSHIP

QUALIFIER APPLICATION

Championship Application
Please complete the following, to be received with the application fee by 5:00 p.m. (EDT) on Wednesday, July 7, 2010 at: RCGA, Amateur Championships Division, 1333 Dorval Drive, Suite 1, Oakville, ON L6M 4X7.
Faxed or photocopied applications will not be accepted.

Application fee - $150.00

Please print **neatly** and accurately in CAPITAL LETTERS.

Surname: _____ Given Name: _____

Player's Home Address: _____

City: _____ Province: _____ Postal Code: _____ Home Phone: _____

Business Phone: _____ Language Information (Indicate language choice): English ☐ French ☐

Date of Birth: (Month) / (Day) / (Year)

E-mail Address (must be printed clearly): _____

Home Club: _____ Club City, Province/State: _____

Province/State of Membership: _____

Caddie Information (To reserve a caddie check the box): ☐

Handicap Factor Verification (must be completed)

* Handicap Factor must be verified by a club official, handicap chairman, CPGA or PGA golf professional.

My current 2010 Handicap Factor is: _____ and may be verified by: _____ / _____
(Club Official Name: Please print) (Club Official: Signature)

Club Official's Title: (Please print) _____ Club Official's Telephone: _____

Name of club certifying this Factor: _____

(Note: A player falsifying his handicap is liable to indefinite disqualification from RCGA sanctioned events)

Method of Payment

Indicate method of payment..

Visa ☐ MasterCard ☐ American Express ☐

Card Number: | | | | | | | | | | | | | | | | Expiry: /

3-Digit Security #: | | |

Cardholder's Name (Please Print): _____ Signature: _____

Conditions of the RCGA

In submitting this application, I agree to the following:

- I agree to the championship regulations, attached hereto. I have read the requirements for acceptance of places, notice of withdrawal, and registration at the championship site.
- I understand the eligibility requirements listed in this notice, and I conform to the Rules of Amateur Status in all respects.
- I agree there are certain risks inherent in the game of golf and accept all personal liability for all such risks.
- I agree the responsibility for ensuring that this application is received by the RCGA no later than 5:00 p.m. EDT on Wednesday, July 7, 2010 is mine; and that this application will be automatically rejected if received by the RCGA after such date and time.
- In consideration for RCGA services in sponsoring the tournament, I hereby grant and assign to the RCGA, without limitation, my individual television, radio, motion picture, print advertising, Internet and all other related media rights with respect to my participation in the tournament.
- I agree that this entry is subject to rejection at any time (including during the Championship) by the RCGA. The reason for rejection may include unbecoming conduct.

SIGNATURE OF APPLICANT: _____ Date: _____

RCGA

CANADIAN AMATEUR CHAMPIONSHIP

CANADIAN MEN'S AMATEUR CHAMPIONSHIP - QUALIFIER RESUME

As selection is based primarily on a competitor's past championship play it is highly recommended that you list your national, provincial, and top regional tournament scores from the past two years. You may alternately create your own personal championship resume to submit with the application form. Please be advised that scores and rankings will be verified during the selection process.

NAME OF CHAMPIONSHIP	DATE	FIELD SIZE	SCORES					POSITION FINISHED
			Rd. 1	Rd. 2	Rd. 3	Rd. 4	Total	

If applicable:

Current National Ranking: _____ Current Provincial/State Ranking: _____

2009 National Ranking: _____ 2009 Provincial/State Ranking: _____