2010 CN CANADIAN WOMEN'S TOUR - CHAMPIONSHIP APPLICATION

Please complete the following application and mail it with appropriate entry fee(s) well in advance of application deadline(s) to:
CN Canadian Women's Tour, 1333 Dorval Drive, Suite 1, Oakville, Ontario L6M 4X7
Late, incomplete, or faxed application forms will not be accepted. Please print neatly and accurately in CAPITAL LETTERS.

Last Name: _____ First Name: _____

Personal Mailing Address: _____ City: _____

Hometown (for media guide): _____ Postal/Zip Code: _____ Province/State: _____

Home Phone Number: _____ E-mail: _____

Cell Phone Number: _____ Date of Birth: Month Day Year _____

Social Insurance / Social Security Number (for prize money taxation purposes): _____

All competitors must complete the following section to be eligible for championship and Order of Merit awards

I am competing as a: ☐ Touring Professional ☐ Club / Teaching Professional ☐ Amateur / Junior

Handicap Factor Verification:

Must be completed by all amateurs and juniors. A club official or certified professional must verify Handicap Factor/Index.

My current 2010 Handicap Factor/Index is: _____ and may be verified by - Name: _____

Official's Title: _____ Telephone: _____

Official's Signature: _____ A player falsifying her handicap is liable to indefinite DISQUALIFICATION from RCGA sanctioned events.

Indicate with an "X" in the box provided which championship(s) you wish to participate in:

☐ CN CANADIAN WOMEN'S TOUR @ Quilchena Golf & Country Club, Vancouver, British Columbia, May 5-7 Deadline - April 14

☐ CN CANADIAN WOMEN'S TOUR @ Blue Springs Golf Club, Acton, Ontario, June 27-29 Deadline - June 2

☐ CN CANADIAN WOMEN'S TOUR @ Rivermead Golf Club, Gatineau, Quebec, July 11-13 Deadline - June 16

Clinic and 9-hole Pro-Am:

Professionals are needed to host a special event for our sponsors on the afternoon of Day 1 at each event. Professionals will be compensated $150 CDN for their participation in the 1-hour clinic and the 9-hole Pro-Am. Indicate in the box provided if you are available. An RCGA staff member will contact you prior to the event. ☐ Quilchena G&CC ☐ Blue Springs GC ☐ Rivermead GC

Entry Fee per Championship:

$375.00 (CDN) for professionals, $275.00 (CDN) for amateurs and juniors

Method of Payment:

Indicate method of payment. DO NOT SEND CHEQUES OR CASH. Charges are applied at the application deadline(s).

Mastercard ☐ Visa ☐ American Express ☐

Card Number ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ 3 or 4 digit security code: ☐☐☐☐

Expiry:_____/_____

Cardholder's Name (please print): _____ Signature: _____

Conditions of the RCGA

In submitting this entry, I agree to the following:
I accept the responsibility for ensuring this entry is received by the RCGA no later than 5:00 p.m. (EDT) on the day of the application deadline is mine and that this entry will be automatically rejected if received by the RCGA after such date and time. I have read the Code of Conduct and understand the Code of Conduct as it applies to the CN Canadian Women's Tour. I agree to the championship regulations, attached hereto. I have read the requirements for eligibility, notice of withdrawal, and registration. I agree this entry is subject to the approval of the RCGA. I agree there are certain risks inherent in the game of golf and accept all personal liability for all such risks. In consideration for RCGA services in conducting the CN Canadian Women's Tour, 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.

Signature of applicant:_____ Date:_____

Certification of parent or guardian:

Applicants 18 years of age and under at the time of the respective championship(s) must obtain the following signature.
As parent or legal guardian, I certify that the information on this entry is true and that I am aware of the applicant's intention to participate in this championship(s); and that she does so with my approval and consent. Further I (we), accept the risk of all dangerous conditions arising from and inherent in participation in this championship(s); and in the transportation connected therewith, regardless of whether such transportation is arranged for or provided by the RCGA. In case of a medical emergency during the championship, I authorize a qualified medical doctor to take all necessary measures in the treatment of this applicant.

Signature of parent or guardian:_____ Date:_____

For office use only
Received _____ Ack'd _____ Con'f _____