

WOMEN'S TRANS NATIONAL GOLF ASSOCIATION
80TH AMATEUR CHAMPIONSHIP
THE COUNTRY CLUB OF LINCOLN · LINCOLN, NEBRASKA
JULY 26 - JULY 31, 2010



APPLICATION FOR ENTRY ~ FEE: \$155.00
HANDICAP INDEX LIMIT 10.4
Entry must arrive by Friday, June 11, 2010, 5:00 p.m. EDT addressed to:
Tina Sanders (Entry Director)
12212 Oakmont Circle, Knoxville, TN 37934
(865) 966-3331 Email: TransCompetitions@womenstrans.com
Online registration (Credit Card Needed) and Printable Entry Forms
Available at: www.womenstrans.com
PLEASE PRINT OR TYPE ~ INCOMPLETE ENTRY NOT ACCEPTABLE



(Miss)
NAME (Mrs.) _____ Check One: Amateur Mid Am

STREET _____

CITY/STATE/ZIP _____

PHONE _____ CELL PHONE _____ EMAIL _____

Please list the name of your USGA Licensed Club where you maintain your handicap _____

CITY/STATE _____ PHONE _____

If you desire to represent your university, please list the name of that university _____

CITY/STATE _____

HANDICAP CERTIFICATION (Current computer handicap card will be accepted in lieu of the information requested below.) Applicant's handicap must be computed under a LICENSED USGA or R&A Handicap System. Your entry will be REJECTED without the following information:

CURRENT USGA or R & A HANDICAP INDEX _____ USGA GHIN HANDICAP NUMBER _____

OR OTHER LICENSED USGA HANDICAP COMPANY _____ MEMBER NUMBER _____

NAME ON PLAYER CARD _____

CADDIES

Please check one: I request a club caddie* Beginning on _____ mm / dd

I will carry my clubs

I will bring a caddie

*Any contestant requesting a caddie will be obligated to hire the caddie for a minimum of two rounds. Caddie fee is \$50.00 per round, plus gratuity.

SPECIAL EVENTS

I will play in the Co-Am 1:30 P.M. shotgun on Saturday, July 24 Yes No

I am eligible to compete for a special award during Qualifying:

Junior Medalist - Born after July 31, 1992 Date of Birth _____ mm / dd / year

Senior Medalist - Born before July 26, 1960

Team Trophy - Lowest qualifying scores (2 days) of two contestants who represent the same Club or University/College

I understand that this entry is subject to approval or rejection at any time (including during the Championship) by the WTNGA Board of Directors. I have read the TOURNAMENT PERTINENT INFORMATION and agree to the specifics. Accepted entries may receive a refund of fees if cancellations are made prior to July 5, 2010. After this date, fees will be refunded in the event of injury or illness if requested by July 12, 2010 and accompanied by a doctor's report. No refund for any reason after July 12, 2010. A \$25.00 service charge will be deducted, per player, from all refunds.

Signature of applicant _____ Date _____

For Junior Players ONLY - Signature of Legal Guardian _____ Date _____

PUBLICITY INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Occupation _____

Hometown newspaper _____

Email Address _____ **Years played in TRANS** _____

Hobbies _____

Titles Won:

National _____

State _____

Collegiate _____

College Team _____

Academic honors _____
