

## DISTRICT GOLF TOURNAMENT - ENTRY FORM

(to facilitate determining the district golf champion and representatives to the state tournament)

**INSTRUCTIONS:** Prepare this form in duplicate. Type or print. File one copy with your district golf representative or tournament director, postmarked no later than two weeks before the district tournament. Consult your tournament director for other details and retain a copy of entries for your files.

SCHOOL \_\_\_\_\_ DISTRICT \_\_\_\_\_

DATE FORM IS FILED \_\_\_\_\_ DATE OF DISTRICT TOURNAMENT \_\_\_\_\_

LIST OF TEAM OR INDIVIDUAL ENTRIES (Print last name first)	EMERGENCY PHONE NUMBER	CURRENT AVERAGE SCORE
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

ALTERNATES: These can be substituted for one of the above provided the tournament director is advised 30 minutes before the first starting time.

6. _____	_____	_____
7. _____	_____	_____

I hereby submit the above-listed entries in the district golf tournament to the district golf director for consideration in ascertaining the district's representatives to the state tournament. I certify our acceptance of the general regulations governing the tournament and the individual eligibility of our representatives under current MPSSAA regulations.

COACH'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

ATHLETIC DIRECTOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINCIPAL'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

SCHOOL \_\_\_\_\_ HEAD COACH \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_ HOME ADDRESS \_\_\_\_\_

\_\_\_\_\_

SCHOOL PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

