



**THE 29TH ANNUAL
BUBBA CONLEE NATIONAL JUNIOR GOLF
TOURNAMENT
OFFICIAL APPLICATION FOR ENTRY**
Entry Must Be Postmarked by: April 6th, 2009



Name:		Age:	Date of Birth:	
Street Address:			Phone:	
City:	State:	Zip Code:	Sex:	
USGA Handicap Index:	Year of High School Graduation:			
Certified by (Golf Pro, Coach or Representative):		Representative's Phone:		
Signature:		PGA Membership #		

\$175.00 Entry Fee Enclosed - **NO REFUNDS AFTER ACCEPTANCE**

Make Check Payable to: THE BUBBA CONLEE NATIONAL JUNIOR GOLF TOURNAMENT

Mail to: P.O. Box 381292, Germantown, TN 38183-1292

Overnight to: Quail Ridge Golf Course, 4055 Altruria Rd, Bartlett, TN 38135

The 2009 Tournament will be held June 8-11, 2009 at Quail Ridge Golf Club. I agree to the Tournament Rules & Regulations. I have read the Info and Rules section at TheBubba.org and understand and agree to abide by all categories. I hereby certify the facts in this entry and agree that this entry is subject to approval or rejection at any time by the BUBBA CONLEE NATIONAL JUNIOR GOLF TOURNAMENT.

SIGNATURE OF APPLICANT: _____ DATE: ___/___/___ Email Address: _____

I, for myself and the player, hereby release Quail Ridge Golf Club (the host facility), The Bubba Conlee National Junior Golf Tournament, its directors, officers, employees, volunteers, and all of its sponsors from any and all liability for any event or consequence whatsoever in any way arising out of or relating to a player's participation in this event with the sole and singular exception of liability arising out of bad faith or willful misconduct. I understand and support the AJGA's Code of Conduct. In case of emergency during the tournament, I authorize a qualified medical doctor to take all necessary measures in the treatment of the aforementioned tournament participant. I give the "Bubba" permission to use my child's picture in any publication, and to give my email address to college coaches who request it.

SIGNATURE OF PARENT OF LEGAL GUARDIAN _____

RELATIONSHIP TO APPLICANT _____ DAYTIME PHONE # _____ Email Address: _____

Please complete the following resume for review by the Tournament Selection Committee. This information will be used to select the tournament field so please be specific and accurate. Please confine information to this page. Unless advised otherwise in writing, tournament committee reserves the right to provide copies of this application to colleges and universities.

LOCAL EVENTS

DATE	TOURNAMENT	FINISH	YARDAGE	SCORES

STATE EVENTS

NATIONAL EVENTS
