

Northeast Louisiana Arc	ea O	Iorthwest Louisiana Area	\bigcirc
		Registration Form m and all fields are required)	
		n: February 15 th 2019 : February 15 th 2019	
Name:			
Address:			-
City:	State:	Zip:	_
Player DOB: Age:	Gender:	Avg. 9 hole Score:	
Emergency Contact:			
Contact Phone #: H	C	W	
Parent/Family Email (for infor	mation and updates):		
School Attending:			
PARENT'S CONSENT—Form I certify that the above information is true and correct authorization to obtain necessary medical and/or surgarise if I am unable to be reached at the time of such site be held liable for any injuries, accidents or losses and/or any tour site is hereby released from liability. At FRONT 9 TOUR's a	ct to the best of my knowled rical treatment in the case of emergency. I agree that to suffered by my child while	dge. The FRONT 9 TOUR and/o of illness, accident or any emerg in no event will the FRONT 9 T participating in any tour and th DNT 9 TOUR or given to FRON	r any tour site has my vency situation that ma TOUR and/or any tour nat the FRONT 9 TOUI
Parent/Guardian Signature:		Date:	

Total of Check or Money Order: \$______

Please mail this form **FULLY COMPLETED** with your Check or Money Order made payable to:

(Signatures only please)

Middle School Participation Fee: \$115

High School Participation Fee: \$125