

Trusted Choice Big “I” Junior Golf Classic

Local Qualifying Tournament

Site: Brookside Golf Club
1133 Rosemont Ave.
Pasadena, CA 91103

Date: June 23, 2009

Time: First time will be at 9:30 AM (you will be notified of your starting time)

Field: Championship Division Open to all ages 18 and under, Boys and Girls

Format: 18 holes, stroke play at scratch. Low qualifiers qualify for State Finals

Entry Fee: \$30.00 Contact: Rick Dinger (818) 248-4500

California State Finals

Site: De Laveaga Golf Course, Santa Cruz, California

Dates: Monday and Tuesday, July 6th and 7th

Field: 120 Juniors (90 boys & 30 girls) from local qualifying tournaments

Format: 36 holes, stroke play at scratch. Low qualifiers (5 boys & 2 girls) will be invited to the National Finals.

Entry Fee: \$125.00

National Tournament

Site: Dornack Hills Golf and Country Club, Ardmore, Oklahoma

Dates: July 25-30th

Field: 108 boys and 54 girls from various states

Format: 72 holes, stroke play at scratch. Field will be cut after 36 holes to low 60 boys and low 24 girls. Players may have caddies for final 2 days.

Note: All junior participants must be amateurs who are age 18 or under as of August 7, 2008

Trusted Choice Big "I" Junior Golf Classic

The Trusted Choice Big "I" Junior Classic is open to all amateur golfers, boys and girls who will not reach their 19th birthday before July 31st, 2009. Any player who has attended college will not be eligible to participate in this tournament regardless of age. Golfers can only participate in one local outing.

Players Name _____ Male/Female ____ Date of Birth __/__/__
Home Address _____ City _____ State _____
Zip _____ Phone _____ E-mail _____
Parent or Guardians Name _____

I understand the Eligibility and Amateur Status Regulations as Stated Above

Players Signature _____ Date _____

APPROVAL AND CONSENT BY PARENT OR GUARDIAN IN CASE OF EMERGENCY:

As a parent or guardian of the applicant, I hereby certify the facts stated in this entry form and attest I am familiar with his/her plans to participate and he or she does so with my approval. I further certify that, in the event emergency medical care needs to be administered to the above named applicant and the below mentioned person can not be contacted, the required parental consent may be given by an authorized member of the tournament committee, their boards of directors, staff, officers, volunteers, as well as any agents, and officials from any and all liability, accidents, or injuries sustained by the applicant or parent/guardian in the connection with the Trusted Choice Big I Junior Classic, State Tournament or local qualifier.

Signature of Parent or Guardian _____

Date _____

In the event of an emergency contact

Name: _____ **Phone:** _____

Name: _____ **Phone:** _____

Mail applications and make entry fee payable to:

IBA-BGP

c/o CV Insurance

PO Box 210

Verdugo City, CA 91046 (Please have entries postmarked by June 17)