

2010 KGF Team Championship

OFFICIAL ENTRY FORM

MAIL WITH PAYMENT TO:

Kansas Golf Foundation
1201 Wakarusa Drive Suite B5, Lawrence KS, 66049
(785) 842-4833 ex. 205 Email: foundation@kansasgolf.org

Enter on-line at www.kansasgolf.org

Kansas Junior Golf Scholarship

The KGF Team Championship raises money for the Kansas Junior Golf Scholarship. Since 2005, the Foundation has awarded this scholarship each spring to five deserving junior golfers who will attend a Kansas college or university. Nineteen Scholars currently are receiving grants.

Eligibility

Players who participated in the 1st KGF Team Championship will have entry priority for the 2010 event. Any golfer is eligible to participate, however a maximum field of 36 teams (72 players) has been set. This 18 event is a Four-Ball Stroke play, shamble format.

Schedule of Events

10:00 - Registration and practice range open
11:30 - Lunch in the Flint Hills National Clubhouse
12:30 - Shotgun start (carts included in entry fee)
5:00 - Cocktail party and Award Ceremony (or immediately following golf)

<u>I. Venue</u>	<u>Date</u>	<u>Deadline</u>	<u>Fee</u>
Flint Hills National Golf Club Andover, Kansas	August 9 th , 2010	June 30 th	\$550

**A portion of your entry fee will be tax-deductible with all proceeds benefiting the Kansas Junior Golf Scholarship endowment.*

II. Please print, all information is required:

Player One:

Name _____ Date of Birth ____/____/____

Address _____ City _____

State _____ Zip Code _____ E-mail _____

Primary Phone (____) _____ Alt. Phone (____) _____

Home Course is _____ My GHIN # (7-Digits) is _____

Player Two:

Name _____ Date of Birth ____/____/____

Address _____ City _____

State _____ Zip Code _____ E-mail _____

Primary Phone (____) _____ Alt. Phone (____) _____

Home Course is _____ My GHIN # (7-Digit) is _____

Want your entry received today? Enter Online at www.kansasgolf.org

Payment Method: Check ____ Money Order ____ Credit Card ____ (Credit Card entries will be assessed a \$5.00 handling fee per transaction)

Credit Card: MasterCard ____ Visa ____ Check or Money Order Number _____

Credit Card Number _____ Security Code _____ Expiration Date ____/____

Card Holder's Name _____

Billing Address _____

City _____ State ____ Zip _____

Applicant's Signature _____ Date _____



*Our Mission:
Promote the Future and Preserve the History of Golf in Kansas.*