

STATE GOLF TOURNAMENT - ENTRY FORM

INSTRUCTIONS: Please type, or print legibly, all information requested and retain a copy for yourself. Note qualifying limits as participation is limited to selected teams and individual players

SCHOOL _____ DISTRICT _____ SCHOOL SYSTEM _____

DATE FORM IS FILED _____ DATE OF STATE TOURNAMENT _____

LIST OF ENTRIES

Team or individual Entries	Average of Best Current Scholastic Scores	Place in District Tournament	District Score	Emergency Phone Number
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____
4. _____	_____	_____	_____	_____

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

5. _____	_____	_____	_____	_____
6. _____	_____	_____	_____	_____

A DISTRICT MAY ONLY BE REPRESENTED BY THE TOP FINISHING TEAM IN EACH CLASSIFICATION, BY A TEAM THAT SHOOT A QUALIFYING SCORE OR INDIVIDUALS WHO SHOOT A QUALIFYING SCORE AND RANK IN THE TOP 1/8 OF THEIR DISTRICT. PLEASE CHECK THE APPROPRIATE BLANK:

_____ Our team finished first in our classification at the district tournament.

_____ Our team shot a the qualifying score at the district tournament.

_____ Our school is entering individual golfers(s) who shot a qualifying score in the district tournament.

I hereby submit the above-listed entries in the district golf tournament to the state golf director. I certify our acceptance of the general regulations governing the tournament and attest to 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 PHONE _____ CELL PHONE _____

SCHOOL ADDRESS _____

To comply with MPSSAA Bulletin, school representatives must be available to assist in tournament management.

SCHOOL REPRESENTATIVE _____ PHONE _____

