

## 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 CAN BE SUBSTITUTED FOR ONE OF THE ABOVE, PROVIDED THE TOURNAMENT DIRECTOR IS ADVISED THIRTY (30) MINUTES BEFORE STARTING TIME.

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

A DISTRICT MAY ONLY BE REPRESENTED BY THE TOP ONE-EIGHTH OF ITS GOLF TEAMS AND ONE-EIGHTH OF THE REMAINING INDIVIDUAL GOLFERS. IN VIEW OF THIS, PLEASE CHECK THE APPROPRIATE BLANK:

\_\_\_\_ Our team was ranked as \_\_\_\_ place in a District with \_\_\_\_ golf teams.

\_\_\_\_ Our school is entering individual golfer(s) who placed 1st, 2nd, 3rd, etc. in the District Tournament.

I hereby submit the above-listed entries in the MPSSAA state golf tournament. I certify our acceptance of the general regulations governing the tournament and attest to the individual eligibility of our representatives.

**COACH'S SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**ATHLETIC DIRECTOR'S SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

**PRINCIPAL'S SIGNATURE** \_\_\_\_\_ DATE \_\_\_\_\_

NAME OF COACH \_\_\_\_\_ HOME PHONE \_\_\_\_\_ (Best time to reach)

SCHOOL \_\_\_\_\_ SCHOOL PHONE \_\_\_\_\_ (Best time to reach)

SCHOOL ADDRESS \_\_\_\_\_

**To comply with MPSSAA Bulletin, page 42, school representatives are expected to be available to assist in scoring each day. Complete the information below:**

**SCHOOL REPRESENTATIVE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

