

# Official Entry Form

## 13th Annual Canadian Open Hickory Championship

Aug 13 – 17, 2012

Fee of \$135 CDN including GST (or equivalent in USD or GBP) is enclosed. The fee covers:

- ♣ Practice round - Wed
- ♣ Team competition -Thurs
- ♣ Evening BBQ and social
- ♣ 27-hole Championship - Fri
- ♣ Steak dinner
- ♣ Power cart for all 3 days

### Mail or Fax to:

The Legends Golf and Country Club  
53541 Range Road 232  
Sherwood Park AB T8A 4V2  
Canada

**Fax 780-449-3957**

**Entries must be received by August 10.**

Name: \_\_\_\_\_

Club: \_\_\_\_\_

Address: \_\_\_\_\_

Handicap Index: \_\_\_\_\_

City: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

Province/State: \_\_\_\_\_

Phone (Cell): \_\_\_\_\_

Postal/Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Country: \_\_\_\_\_

Accommodation needed: Yes  No

### Conditions of Tournament

I declare:

1. THAT I will abide by the conditions governing or pertaining to the tournament as set down by the LEGENDS tournament committee.
2. THAT I will only use golf balls approved by the RCGA/USGA for competition or pre-1935 golf balls or replicas thereof.
3. To be eligible for the title of "overall Champion" I will only use pre-1935 wood shaft clubs.
4. THAT I will dress in period attire.
5. THAT I am aware that a breach of any of the conditions set by the LEGENDS tournament committee may result in the disqualification of the participant.

I hereby release the LEGENDS GCC, its directors, volunteers, committee members, officers, and employees from any and all liability whatsoever in any way arising out of or relating to my entry into or participation in this golf tournament.

In case of an emergency occurring to me during this golf tournament, I authorize a medical doctor registered to practice medicine in Alberta to take all necessary measures in my treatment.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_