



**VERMONT TRUSTED CHOICE 'BIG I' JUNIOR CLASSIC GOLF TOURNAMENT Sponsored by Vermont Insurance Agents Association**

18 Hole Stroke Play Tournament  
June 5, 2016

QUALIFIER ENTRY FORM

Boys' Medalist and Girls' Medalist Qualify for National Tournament

Open to amateur golfers who will not reach their **19<sup>th</sup> birthday on or before 08/04/2016** and has not started college Prizes and recognition for non-qualifying players by age group.

In any year, contestants may participate in only one **Trusted Choice 'Big I' Junior Classic** tournament. Contestants must participate in the state qualifying tournament in the state of permanent residence.

**QUALIFYING ROUND:**      **Date – Sunday, June 5, 2016 Tee Times**  
   **Place – Orleans Country Club, Orleans , VT**  
   **Entry fee - \$40 - includes greens fee and lunch**

**RETURN FORM AND ENTRY FEE BY 06-01-2016 TO:** (checks payable to VIAA) Remit to Jon Lussier, NFP, 21 Water Street, Orleans, VT 05860, [jon.lussier@nfp.com](mailto:jon.lussier@nfp.com)

**NATIOJNAL TOURNAMENT:** August 1-4 2016, Del Paso Country Club, Sacramento, CA

**APPLICANT INFORMATION**

Players name \_\_\_\_\_ Male/Female \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Parent or guardian's name \_\_\_\_\_ Players age on/prior to 08/04/2016 \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_  
Handicap \_\_\_\_\_ (if none, average 18 hole score) \_\_\_\_\_ Location of School you attend: City \_\_\_\_\_ State \_\_\_\_\_  
EMAIL \_\_\_\_\_

**AMATEUR STATUS:** I am familiar with the USGA Rules of Amateur Status and I have conformed with these rules in every respect. I understand the Championship regulations and agree that this entry is subject to the approval or rejection at any time by the Trusted Choice 'Big I' Junior Classic Officials at their discretion. I understand that the use of alcohol, drugs, or misconduct may disqualify me.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**APPROVAL AND CONSENT BY PARENT OR GUARDIAN:** As a parent or guardian of the applicant, I hereby certify the facts as stated in this entry form and attest that I am familiar with his/her plans to participate and that he/she do so with my approval. I further certify in the event that emergency medical care needs to be administered to the above named applicant, and the below mentioned person cannot be contacted, the required parental consent may be given by an authorized member of the Tournament Committee.

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

In the event of emergency, contact:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_