Valdosta Open
11/21/09 - Non Sanctioned Event – Limited to 72 players

Schedule:
Friday 11/20  Free Disc Golf Clinic from 2:00 to 3:30 PM [donations accepted]
Registration on site – 3:00 PM ‘til dark
Random Draw Doubles – 4:00 PM - $5 each player
Saturday 11/21  Registration on site – 8:00 AM to 9:00 AM
Player’s required meeting – 9:30 AM
1st Round of 18 holes – 10:00 AM – shotgun start
2nd Round of 18 holes – TBA
Sunday 11/22  3rd Round of 18 holes – 9:00 AM
Possible Round of 9 hole playoff – TBA

Divisions    Entry Fees   Awards
Open M and W    $65 each [cash only]   Cash   OM, OW
Open Master’s [40+] M and W  $65 each [cash only]   Cash   OMM, OMW
Advanced M and W   $35 each [cash only]   Discs  AM, AW
Recreational M and W   $25 each [cash only]   Discs  RM, RW

[Recreational - defined as 1 month or less experience – sandbagging is for wimps!]
Player’s Package for Advanced and Recreational divisions

PDGA Approved Discs only

Location: Freedom Park – 3795 Guest Road – Valdosta – located off of Bemiss Drive just North of Valdosta.

Additional Information: Call Toad McReynolds 229-630-1338 or email discgolf12@yahoo.com .

Registration Form – please print legibly – fill out one entry form for each participant

Name ______________________________________email address_____________________
Address_____________________________________________________________________
City _________________________, State _________ Zip Code_____________
Age (as of 11/21/09) ______ Birth Date ________ Male ___    Female ___    Division: __________

In consideration of my entry being accepted, I intend to be legally bound and do hereby, for myself, me heirs, and executors, waive all rights and claims for damages which I may have or which hereafter accrue to me against the sponsors or any subsidiary, its or their respective officers, agents, representatives, successors, assigns and sponsors for any and all damages or injuries which may be sustained or suffered by me in connection with my association with or entry or participation in the Valdosta Open. If I should suffer injury or illness, I authorize the officials of the event to use their discretion to have me transported to a medical facility and I take full responsibility for this action. I attest and verify that I am physically fit and have sufficiently trained for the completion of this event. I HAVE READ THE ABOVE RELEASE AND UNDERSTAND THAT I AM ENTERING THIS EVENT AT MY OWN RISK.

______________________________   _____________    __________________________________
Signature of participant                         Date                       Signature of Parent or Guardian