



DISC GOLF TOURNAMENT
City of Tallahassee Parks, Recreation & Neighborhood Affairs

THE
CITY OF TALLAHASSEE
PARKS, RECREATION &
NEIGHBORHOOD AFFAIRS
DEPARTMENT

TALLAHASSEE OPEN
DISC GOLF TOURNAMENT
June 12 & 13, 2010

Schedule of Events:

Friday 11th	Doubles 3pm sharp \$5. Dinner will be provided
Saturday 12th	8am check-in 8:45 9:30
Sunday 13th,	8am check-in 8:30 9am

Two rounds at Jack McLean Park.
Mandatory player meeting
First round begins

One round at Tom Brown Park
Mandatory Players Meeting
First round begins

Host Hotel:

Days Inn
3100 Apalachee Pkwy.
Tallahassee FL 32311
850 877-6121

Notes:

- Must have 3 Players to start a Division
- Lunch will be provided both days
- For more info contact Bob McCormick: Robert.McCormick@Talgov.com or call 850 688-4062

Payment:

Please make checks payable to: "Friends of Our Parks"

ATTN: Tallahassee Open Disc Golf Tourney
912 Myers Park Dr. Tallahassee FL 32301

LATE SIGN UP FRIDAY 2pm 7pm at Jack McLean...NO SATURDAY SIGNUP!

Please return this portion with entry fee:

Name: _____ PDGA#: _____ Phone: _____

Address: _____ Email: _____

City/State: _____ Zip: _____

Must have 3 Players to start a Division • Add \$10 for non PDGA Members • Make checks payable to: "Friends of Our Parks"

PLEASE CHOOSE ONE DIVISION:

Pro \$65	Other Pros \$55	Advanced \$45	Intermediate \$35	Recreational \$25	Juniors \$25
<input type="checkbox"/> Open	<input type="checkbox"/> Master	<input type="checkbox"/> Open	<input type="checkbox"/> Open	<input type="checkbox"/> Open	<input type="checkbox"/> Junior
<input type="checkbox"/> Women	<input type="checkbox"/> Grand Master	<input type="checkbox"/> Masters	<input type="checkbox"/> Women	<input type="checkbox"/> Women	
	<input type="checkbox"/> Sr Grand Master	<input type="checkbox"/> Grand Master			
	<input type="checkbox"/> Legends	<input type="checkbox"/> Women			

It is agreed by the signature below that in the event I am disabled, or incur disease of a temporary or permanent nature while participating, to waive all claims or liabilities against the City of Tallahassee and the Parks, Recreation, and Neighborhood Affairs Department, Coaches and Staff. I certify and take full responsibility for the above information being correct to the best of my knowledge.

Signature _____ Date _____