



Front 9 Tour

Non Tour Member Registration Form

PLAYER INFO (each player must have their own form and all fields are required)

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Player DOB: _____ Age: _____ Gender: _____ Avg. Score: _____

Emergency Contact: _____

Contact Phone #: H _____ C _____ W _____

Parent/Family Email (for information and updates): _____

PARENTS CONSENT— Forms without signed Parental Consent will not be processed

*I certify that the above information is true and correct to the best of my knowledge. The FRONT 9 TOUR and/or any tour site has my authorization to obtain necessary medical and/or surgical treatment in the case of illness, accident or any emergency situation that may arise if I am unable to be reached at the time of such emergency. I agree that in no event will the FRONT 9 TOUR and/or any tour site be held liable for any injuries, accidents or losses suffered by my child while participating in any tour and that the FRONT 9 TOUR and/or any tour site is hereby released from liability. *Any pictures taken by FRONT 9 TOUR or given to FRONT 9 TOUR shall be used at FRONT 9 TOUR's discretion for promotional or advertising purposes.*

Parent/Guardian Signature: _____

(Signatures only please)

Date: _____

Please select the correct item(s).

(10 to 12) Division \$75

(13 to 18) Division \$85

(7 to 9) Division \$50

Total of Check or Money Order: \$ _____

Please mail this form **FULLY COMPLETED** with your Check or Money Order made payable to:

Front 9 Tour
P.O. Box 44554
Shreveport, LA 71134
Fax # (877)781-2072