

**So - YOU THINK YOU CAN GOLF? SHOW US AT THE  
TOWNSHIP OF OCEAN'S**

# **AMATEUR GOLF CHAMPIONSHIP**

**Saturday & Sunday,  
October 6 & 7, 2018**



**WILLIAM F. LARKIN GOLF COURSE AT COLONIAL TERRACE  
1003 WICKAPECKO DR., OCEAN NJ**

- **36 hole stroke play (18 holes each day)**
- **Starting times from 2 pm**
- **Open to all golfers 18+**  
**Separate divisions for men & women**
- **Championship to be decided at gross**
- **Players will be flighted after the first day by qualifying score**
- **Flights determined by total number of players**

**Entry fee: \$75 Ocean residents/\$95 non-residents**

**Registration closes September 26.**

**Complete attached form and submit the form and fees to  
the clubhouse at the William F. Larkin Golf Course.**

**Tournament is a rain or shine event.**

## Township of Ocean Amateur Championship Registration Form

Player name: (First/Last): \_\_\_\_\_

Player Age \_\_\_\_\_ DOB (mm/dd/yr): \_\_\_\_\_

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

Town: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Emergency Contact: (first/last): \_\_\_\_\_ Phone: \_\_\_\_\_

Fees: \_\_\_\_\_ Township of Ocean Resident \$75.00

\_\_\_\_\_ Non-Resident \$95.00

Registration fees may be paid using Mastercard or Visa or by check payable to the Twp. of Ocean.

1. Registrations accepted until September 26, unless maximum registration is met prior to September 26.
2. Registration will be accepted in person at the William F.Larkin Golf Course at Colonial Terrace when open.
3. Participants will be notified of tee time by October 3rd, Tee times begin at 2:00 p.m.
4. Refunds will be granted only if the tournament is cancelled by the the course (no service charge will apply) or if the vacated spot can be filled prior to the start of the program. Request for refund must be made in writing. Refunds will not be considered following the start of the tournament.
5. The Township of Ocean has established a Participation Code of Conduct (copy available upon request and posted on Township website). Compliance is required for participation in tournament
6. It is understood that images of participants may appear in footage on the Township cable station, the Township's website, Facebook, Instagram and Twitter pages, and in photographs promoting activities sponsored through the Township.
7. Does this program registrant require special assistance or accommodations to enjoy this program? \_\_\_\_\_  
If yes, please note the physical or developmental disability and limitations (or any other situation) and include with registration form. Requests for special assistance must be received at least three weeks prior to the start of the program.
8. Due to the strenuous nature of some activities, registrant should consult a physician prior to participation. It is the responsibility of the participant to inform the Recreation Office of any physical disabilities that may limit his/her participation in a program.
9. Please note that participant assumes the responsibility of all reasonable risks which may exist due to participation in Township-sponsored events.

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

Staff: Date form received \_\_\_\_\_ Payment processed in Community Pass \_\_\_\_\_

Name on tournament list \_\_\_\_\_ File by gender and alphabetically in folder \_\_\_\_\_