

67th PRCUA National Golf Tournament – ENTRY FORM

Saturday, July 20, 2019
Giant Oak Golf Club
1024 Valetta Dr
Temperance, MI 48182
giantoakgolfclub.com

Hosted by:
St. Thaddeus, PRCUA Society #1617
Chairwoman: VikkiJean Mixon
Contact: 419-351-2698 -or- vmix@buckeye-express.com
Coordinator: Tom Jesionowski
Contact: 419-261-3636 -or- tdjpe@aol.com



\$5,000.00
Prize for a
Hole in One*

*On a Selected Par 3 Hole

- ❖ Shotgun Start – 7:30 a.m. & 1:00 p.m.
- ❖ Four Person Scramble
- ❖ Contests:
Closest to the Pin, Longest Drive, & Hole in One!
- ❖ Lunch & Dinner Included

Entry forms are available online at www.prcua.org/sports or fill out the form below:
THIS TOURNAMENT IS FOR PRCUA MEMBERS ONLY. Entries must be submitted by Friday, July 5, 2019. No entries will be accepted after the deadline.

DATE: _____ FULL LEGAL NAME: _____ AGE: _____
STREET ADDRESS: _____ SOCIETY NO. _____ ROSTER NO. _____
CITY: _____ STATE: _____ ZIP: _____ PHONE: _____
EMAIL: _____

Choose which scramble you are entering by placing an "X" in the appropriate box:

AGES 16-61: ☐ MEN ☐ LADIES ☐ MIXED
SENIOR (62 & OVER): ☐ SENIOR MEN ☐ SENIOR LADIES ☐ SENIOR MIXED

Start time preference: ☐ 7:30 a.m. ☐ 1:00 p.m.

If you wish to golf with a desired group, please specify the other three players below:

1. _____ 2. _____ 3. _____

Welcome gathering: July 19, 2019 at PRCUA Toledo Club Lounge, 5255 N Detroit Ave, Toledo, OH.
Free draft beer and finger food from 6:00 p.m. to close.

Banquet is FREE for all attendees. Cash bar. Dinner will be served at 7:00 p.m. Winners will be announced at the banquet immediately following the tournament. ☐ Attending banquet ☐ Not attending banquet
Number of guests attending the banquet: _____

☐ By checking this box, I understand that this entry is subject to acceptance by the PRCUA. I agree that I shall not protest its the decision. I also agree to abide by all the rules as established for the playing of this championship. Registration fee is \$50.00 (non-refundable) which includes 18 holes of golf & golf cart.

Signature: _____

Form of payment: ☐ Check included ☐ Online Payment

MAIL: Check payable to PRCUA Golf, c/o Fraternal Department, 984 N. Milwaukee, Chicago, IL 60642.

ELECTRONICALLY: If sending electronically, use the credit/debit card payment option available at www.prcua.org/payonline specifying you are paying for PRCUA Golf [Name(s) of golfer] and email fully completed entry form to fraternal-department@prcua.org.

Adult Waiver/Release
ATHLETIC WAIVER AND RELEASE OF LIABILITY

2019 PRCUA National Sport Tournaments

READ BEFORE SIGNING

In consideration of being allowed to participate in any way in the Polish Roman Catholic Union of America 2019 athletic sport programs, related events and activities, the undersigned acknowledges, appreciates, and agrees that:

- The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular rules, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
- I KNOWINGLY AND FREELY ASSUME ALL SUCH RISKS, both known and unknown, EVEN IF ARISING FROM THE NEGLIGENCE OF THE RELEASEES or others, and assume full responsibility for my participation; and,
- I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the nearest official immediately; and,
- I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE AND HOLD HARMLESS the Polish Roman Catholic Union of America, their officers, officials, agents, and/or employees, other participants, sponsoring agencies, sponsors, advertisers, and if applicable, owners and lessors of premises used to conduct the event ("RELEASEES"), WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH, or loss or damage to person or property, WHETHER ARISING FROM THE NEGLIGENCE OF THE RELEASEES OR OTHERWISE, to the fullest extent permitted by law.

I HAVE READ THIS RELEASE OF LIABILITY AND ASSUMPTION OF RISK AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND SIGN IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT.

Participant's Full Legal Name
(PLEASE PRINT)

Participant's Signature

DATE

Emergency Phone Number: _____

FOR PARTICIPANTS OF MINORITY AGE
(UNDER AGE 18 AT THE TIME OF REGISTRATION)

This is to certify that I, as parent/guardian with legal responsibility for this participant, do consent and agree to his/her release as provided above of all the Releases, and for myself, my heirs, assigns, and next of kin, I release and agree to indemnify and hold harmless the Releases from any and all liabilities incident to my minor child's involvement or participation in these programs as provided above, EVEN IF ARISING FROM THEIR NEGLIGENCE, to the fullest extent permitted by law.

Parent/Guardian's Name
(PLEASE PRINT)

Parent/Guardian's Signature

DATE

Phone Number: _____



Polish Roman Catholic Union of America | PRCUALife™

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