



The Junior Honda Classic
December 11 & 12, 2010
PGA National Resort & Spa



ENTRY AND PARENTAL CONSENT

Please complete and return no later than November 22, 2010 to:
The Honda Classic
631 US Hwy One, Suite 410
North Palm Beach, FL 33408
Fax: 561-624-9495

Age Groups/Divisions: (Select one)

Sat & Sun December 11 & 12 - Champion & Palmer Courses

36 Holes Boys & Girls Divisions \$245:

- 10 - 11 years*
12 - 13 years
14 - 15 years
16 - 18 years

Sunday, December 12 - Squire Course

18 Holes Boys & Girls Divisions \$150:

- 9 - 10 years
11 - 12 years
13 - 15 years
16 - 18 years

Saturday, December 11 - Haig Course

9 Holes Boys & Girls Divisions \$115:

- 8 and under
9 - 10 years
11 - 12 years

A practice round may be played on Friday, Dec. 10 for an additional fee paid directly to PGA National. To arrange a tee time call the Pro Shop 561-627-1800

*In order to accommodate all players, if the 36 hole tournament is oversubscribed, the 10-11 year olds may move to the Haig and Squire courses.

Name:(Print) Last: First:

Address:

City: State: Zip:

Home Phone: Email Address:

Grade: Date of Birth: Age (on 12/11/10): Shirt Size: Sex:

Credit card or check (made out to Children's Healthcare Charity, Inc.) must be included with completed application.

- Check is enclosed OR Credit Card Type Visa Mastercard American Express

Cardholder Name: Card #: Expires: Amount:

Cardholder Signature:

Housing:

PGA National Resort & Spa will have a \$99 rate (resort fee waived) available to parents of participants in The Junior Honda Classic. To make a reservation at PGA National for the reduced rate, call 561-627-2000 and mention that you are participating in The Junior Honda Classic.

PARENTAL INFORMATION: (Parent or guardian please sign below)

I, for myself and the player, hereby release Children's Healthcare Charity, Inc. (The Honda Classic) to include their officers, directors, and employees, from any and all liability for any event or consequence whatsoever in any way arising out of or relating to participation in The Junior Honda Classic. In case of emergency during this tournament, I authorize a qualified medical doctor to take all necessary measures in the treatment of this tournament participant.

If, as a result of an act of God, it becomes necessary to cancel any or all of the tournament after its beginning, there will be no refunds of entry fees by the Committee. In signing this application, parent or guardian agrees to waive any claims to a refund.

By signing this entry form, you are providing The Honda Classic the right to use your child's image, photo, likeness, or video image in The Honda Classic TV programs and website worldwide. Furthermore, The Honda Classic may use these same images for promotional purposes. This release shall be for a period of 5 (five years).

Signed: Relationship:

Parent's Name: (print)

Name of personal physician: (print)

City: State: Phone:

For more information, please contact The Honda Classic Tournament Office at (561) 799-2747 or visit www.thehondaclassic.com.