

FMDGC Disc Golf League

Name: _____ **Phone# ()** _____

Address: _____ **Age:** _____

City: _____ **State:** _____ **Zip Code:** _____

PDGA#_____ **Email**_____

Favorite disc: _____

T-shirt size :(circle one) S M L XL XXL Other_____

Divisions:

Circle what division you want:

	<u>Avg. Score</u>
Open/Pro	-4 or better

	<u>Avg. Score</u>
Master	over 40 years old

Advanced 0 to -4

Novice over par

Women

Junior (under 18 needs a parent's signature)

League Fees: \$ **35**

Course Development Fund \$_____ **Donation (optional)**

PDGA Membership Dues \$_____

Ace Pot **\$** _____

Total Paid: \$ _____

In consideration of my participation in a FMDGC event held in 2010 at Oak Grove and/or any other disc golf courses in F-M area. The undersigned hereby release the FMDGC, the City of Fargo, City of Moorhead, F-M Parks and Rec., NDDGA, its owners, successors, heirs and insurers from any and all liability arising from participation in the event described above. I further agree to indemnify the FMDGC, The City of Fargo, City of Moorhead, F-M Parks and Rec., NDDGA, its owners, successors, heirs and insurers and hold them harmless from any losses, injury, or expenses arising from participation in the FMDGC Disc Golf event.

Signature _____ **Date** _____