

2021 AGT APPLICATION FOR LATE ENTRY AT EVENT ONLY

Carol Fromuth, AGT Tour Administrator (Email: accgolf4@aol.com)
1504 Kehrs Mill Road, Chesterfield, MO 63005

PLEASE PRINT ~ INCOMPLETE ENTRY NOT ACCEPTABLE

LAST NAME _____ FIRST NAME _____

STREET _____

CITY/STATE/ZIP _____

PHONE () _____

CELL PHONE () _____

PLAYER EMAIL _____

PARENT EMAIL _____

EMERGENCY CONTACT NAME _____

EMERGENCY PHONE () _____

GENDER M F

DIVISION COLLEGE HIGH SCHOOL

DATE OF BIRTH _____

HIGH SCHOOL DIVISION ONLY

HIGH SCHOOL NAME _____

YEAR OF GRADUATION _____

COLLEGE/UNIVERSITY DIVISION ONLY

COLLEGE/UNIVERSITY NAME _____

EVENT ENTRY FEE: \$130

LATE FEE: \$ 20

TOTAL FEES \$150

Amount Paid \$ _____

(Please make check payable to AGT.)

I understand that this entry is subject to approval or rejection at any time (including during the tournament) by the AGT Tour Administrator. I have read the PERTINENT AGT TOURNAMENT DOCUMENT and agree to the specifics. Accepted entries may receive a refund of fees if cancellations are made one week prior to the first day of the tournament. After this date, refunds will only be made for injury or illness that has been certified by a doctor's written report and approved for refund by the AGT Tour Administrator. A \$25.00 service charge will be deducted, per player, from all refunds. Upon completing and submitting this entry form, you are agreeing to the terms stated in this paragraph.

Signature of Applicant _____ Date _____