



YORK TEEN HAVEN GOLF MARATHON

September 16, 2019

Participation Agreement, Medical Information & Waiver of Liability

Participant's Name

GOLFER or CADDIE
Please Circle Your Participation Method

Participant's Address / Apt #

City State Zip Code

Participant's Home Phone #

Participant's Cell Phone #

Participant's Email

Participant's Age Participant's Shirt Size

Emergency Contact

Relationship of Emergency Contact to Participant

Emergency Contact Home Phone #

Emergency Contact Cell Phone #

Physician/Clinic

Telephone # of Physician/Clinic

I hereby certify that I do not have any health condition that would render my participation in this Golf Marathon an unusual risk.

I recognize that there is an element of risk in any outdoor sport or activity. Understanding the inherent risks, dangers, and rigors involved in the above mentioned golf event, I do hereby certify that I am fully capable of participating in this golf event.

I do hereby assume all risks involved in playing the above mentioned golf event. I, as well as my heirs, successors, and assigns will hold York Teen Haven and the owners, managers, and employees of the host golf course, fully harmless from any and all liabilities, actions, causes of action, debts, and claims resulting at and/or from the above mentioned golf event.

I understand that my likeness may appear in ministry photographs and permit York Teen Haven to use said likeness in any printed materials, online publications, or videos used solely for its nonprofit purposes.

X _____
Participant's Signature

Date

X _____
Parent's Signature (if under 18 years)

Date

Official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999.
Registration does not imply endorsement.



2019
GOLFMARATHON
Monday, September 16
Sponsorship Record Sheet

	Sponsor's Name	Address	Phone Number	Pledge Per Hole	One-Time Gift
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
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21.					
22.					
23.					
24.					
25.					
26.					

Note to Golfers/Caddies: This list is for your personal records only. You must fill out a pledge card for each sponsor with his or her complete information. Thank you.

Yes! I agree to sponsor _____ in the York Teen Haven 2019 Golf Marathon on September 16.

____ Title (Mr./Mrs./etc.) First Name Middle Initial Last Name

Mailing Address

____ City State Zip+4

____ Phone Number E-mail

Please make checks payable to York Teen Haven.
PO Box 7120 York, PA 17404

York Teen Haven

Serving urban youth for over 2 decades

- \$5/hole: Champion Sponsor
- \$2/hole: Ace Sponsor
- \$1/hole: Eagle Sponsor
- \$ _____ Per Hole
- \$ _____ One-Time Gift

All contributions are tax deductible to the fullest extent allowed by law.

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Yes! I agree to sponsor _____ in the York Teen Haven 2019 Golf Marathon on September 16.

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York Teen Haven's Golf Marathon

Monday, Sept. 16, 2019

York Teen Haven's Golf Marathon

will raise money to help York Teen Haven reach, disciple, and equip dozens of urban youth to positively impact their neighborhoods and their city!

Please sponsor me as I try to play 100 or *more holes* of golf in ONE day!



For more information contact:

(717) 654-8144 or (717) 413-0470

Your gift will make a difference!