kidshelpingkids

Women's Board of Nationwide Children's Hospital

The **Women's Board of Nationwide Children's Hospital** was part of the original vision of the hospital when it was founded in 1892. Members of the Women's Board host the Junior Golf Classic and its members serve on the Memorial Tournament Women's Committee. For more than 118 years, the Women's Board has been serving the hospital by raising funds to support the hospital's mission of providing outstanding healthcare to call children, no matter what their family's financial situation. The money raised goes to the areas of greatest need at Nationwide Children's Hospital.

NATIONWIDE CHILDREN'S HOSPITAL

Nationwide Children's Hospital Foundation
Attn: Junior Golf Classic
P.O. Box 16810
Columbus, OH 43215-6810

Women's Board Junior Golf Classic

WOMEN'S BOARD *of*
NATIONWIDE CHILDREN'S HOSPITAL
in partnership with
NATIONWIDE CHILDREN'S HOSPITAL
INVITATIONAL

presents the

18th ANNUAL

JUNIOR GOLF CLASSIC

Monday, July 19, 2010

The Ohio State University
Golf Club – Gray Course

The Junior Golf Classic will be held in conjunction with the Nationwide Children's Hospital Invitational taking place July 19 through July 25, 2010 at The Ohio State University Golf Club – Scarlet Course.

About the Tournament

The **Junior Golf Classic** is an event sponsored by the Women's Board of Nationwide Children's Hospital. "Well Kids Helping Sick Kids" is the motto for this annual junior golf event. Our tournament provides a great opportunity for youths ages six to eighteen, to play golf and to give back to their community by helping raise money for Nationwide Children's Hospital.

Location

The Ohio State University Golf Club
Gray Course
3605 Tremont Road, Columbus, OH 43221

Eligibility

Entries open to male and female golfers who will not have reached their 19th birthday by July 19, 2010.

Age Divisions

Field will be limited to the first 140 junior golfers.

16-18 boys/girls	18 holes
13-15 boys/girls	18 holes
10-12 boys/girls	9 holes
6-9 boys/girls	9 holes

Entry fee

$50.00 for 16-18 and 13-15
$40.00 for 10-12 and 6-9
Lunch provided for all participants.

Tee Times

The times will be e-mailed 3 days prior to tournament. If e-mail is unavailable, players will be notified by phone.

Rules

U.S.G.A. RULE 6.1
'CONDITIONS OF COMPETITION':

The PLAYER shall be responsible for acquainting himself/herself with the conditions under which the competition is to be played.

PLAYERS will adhere to strict "Code of Conduct" and will compete without profanity, tantrums or other outbursts or will be disqualified. Players **and spectators** must dress properly-SHIRT WITH COLLAR AND NO JEANS. Parents/Guardians may not caddie for contestants or give advice in violation of USGA rules. Parents/Guardians must remain ½ HOLE AWAY from areas of play. NO CARTS OR CADDIES ALLOWED. Players must carry their own bag.

Sponsorships

Sponsors are needed to make this day possible. Contact Stacie Russell at (614) 783-5971.

Additional Information

If you have any questions, please feel free to call: Cindy Bitter (614) 889-0969 or Heather Landers (614) 799-1538.

Credit Card Payments

If you wish to pay the registration fee with a credit card, please call Traci Crabtree at (614) 355-0811.

4051

REGISTRATION FORM

The undersigned hereby agrees to hold Nationwide Children's Hospital, Nationwide Children's Hospital Invitational, The Ohio State University Golf Club and all associated properties free from any and all claims that may be created by the action of the undersigned.

Please print legibly

_____
Player's Name

_____
Address

_____
City State Zip

_____
Phone

Gender: ☐ M ☐ F

Age as of 7/19/10: _____ DOB: _____

Average Score for 9 holes: _____ 18 holes: _____

_____
E-mail for tee times

_____
Parent's e-mail, if different than tee time e-mail

_____
Player Signature

_____
Parent/Guardian Signature

MAKE CHECK PAYABLE TO:
NATIONWIDE HOSPITAL FOUNDATION
Mail registration forms to:
Nationwide Children's Hospital Foundation
Attn: Junior Golf
P.O. Box 16810
Columbus, OH 43216-6810

Deadline for registration forms: July 5, 2010

Entry fee must accompany application.
NO REFUNDS after that date.

☐ **Consent to Record, Photograph, Film or Videotape**

I consent to having sound recordings, film photography and/or videotape taken of me/ my child and used by Nationwide Children's Hospital and/or the news media for informational, educational and/or promotional purposes.

_____
Player Signature

_____
Parent/Guardian Signature

_____
Phone

☐ **Parent / Guardian / Volunteer Information**

I would like to volunteer to help the day of the tournament.

_____
Name

_____
Phone

Note to all golfers and parents/guardians

If you have a personal story you would like to share with others about how Nationwide Children's Hospital has helped you or your family, please indicate below and a media representative may contact you.

Yes, I have a story to share!!

_____
Name

_____
Phone

Players may move up in age divisions if they so desire. PLEASE make note on registration if this is requested so they can be placed in appropriate division.