

WOMEN'S TRANS NATIONAL GOLF ASSOCIATION
80TH AMATEUR CHAMPIONSHIP
THE COUNTRY CLUB OF LINCOLN · LINCOLN, NEBRASKA
JULY 26 - JULY 31, 2010



APPLICATION FOR ENTRY ~ FEE: \$155.00
HANDICAP INDEX LIMIT 10.4
Entry must arrive by Friday, June 11, 2010, 5:00 p.m. EDT addressed to:
Tina Sanders (Entry Director)
12212 Oakmont Circle, Knoxville, TN 37934
(865) 966-3331 Email: TransCompetitions@womenstrans.com
Online registration (Credit Card Needed) and Printable Entry Forms
Available at: www.womenstrans.com
PLEASE PRINT OR TYPE ~ INCOMPLETE ENTRY NOT ACCEPTABLE



NAME (Miss) _____ Check One: Amateur Mid Am
(Mrs.) _____

STREET _____

CITY/STATE/ZIP _____

PHONE _____ CELL PHONE _____ EMAIL _____

Please list the name of your USGA Licensed Club where you maintain your handicap _____

CITY/STATE _____ PHONE _____

If you desire to represent your university, please list the name of that university _____

CITY/STATE _____

HANDICAP CERTIFICATION (Current computer handicap card will be accepted in lieu of the information requested below.)
Applicant's handicap must be computed under a LICENSED USGA or R&A Handicap System. Your entry will be REJECTED without the following information:

CURRENT USGA or R & A HANDICAP INDEX _____ USGA GHIN HANDICAP NUMBER _____

OR OTHER LICENSED USGA HANDICAP COMPANY _____ MEMBER NUMBER _____

NAME ON PLAYER CARD _____

CADDIES

Please check one: I request a club caddie* Beginning on _____
 I will carry my clubs mm / dd
 I will bring a caddie

*Any contestant requesting a caddie will be obligated to hire the caddie for a minimum of two rounds. Caddie fee is \$50.00 per round, plus gratuity.

SPECIAL EVENTS

I will play in the Co-Am 1:30 P.M. shotgun on Saturday, July 24 Yes No

I am eligible to compete for a special award during Qualifying:

Junior Medalist - Born after July 31, 1992 Date of Birth _____

Senior Medalist - Born before July 26, 1960

Team Trophy - Lowest qualifying scores (2 days) of two contestants who represent the same Club or University/College

I understand that this entry is subject to approval or rejection at any time (including during the Championship) by the WTNGA Board of Directors. I have read the TOURNAMENT PERTINENT INFORMATION and agree to the specifics. Accepted entries may receive a refund of fees if cancellations are made prior to July 5, 2010. After this date, fees will be refunded in the event of injury or illness if requested by July 12, 2010 and accompanied by a doctor's report. No refund for any reason after July 12, 2010. A \$25.00 service charge will be deducted, per player, from all refunds.

Signature of applicant _____ Date _____

For Junior Players ONLY - Signature of Legal Guardian _____ Date _____

PUBLICITY INFORMATION

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

Occupation _____

Hometown newspaper _____

Email Address _____ **Years played in TRANS** _____

Hobbies _____

Titles Won:

National _____

State _____

Collegiate _____

College Team _____

Academic honors _____

PROCEDURE FOR REQUESTING A GOLF CART

Procedures for Requesting a Golf Cart in WTNGA AMATEUR Championship

The WTNGA will evaluate, on a case-by-case basis, any request to use a cart in THE WTNGA Amateur Championship due to a claimed disability. In order for the WTNGA to properly evaluate such requests, it is necessary to submit medical documentation setting forth the exact nature of the disability and how that disability prevents such player (or caddie) from walking during a stipulated round. In addition, players will have to submit information sufficient to enable the WTNGA to determine that providing a cart would not provide a player with an advantage over other players. To download (via Adobe Acrobat Reader) a copy of the WTNGA's cart request form entitled, 'Information to be Supplied by anyone Claiming a Disability Seeking to use a Cart in the WTNGA Championship', please click on the Form Title at the bottom of this page. Each player seeking a golf cart for herself or a caddie due to a disability under the ADA must complete and submit the form to the WTNGA simultaneously with the original entry application.

In each instance where an applicant is submitting a request for a golf cart, BOTH the WTNGA Championship entry application and the cart request form (including the required medical documentation as specified on the cart request form) must be submitted to the WTNGA by the player (not a caddie) in writing in a single envelope and received by the WTNGA by no later than the date the Championship entry application is due. Such information should be sent to the WTNGA to the attention of Pat Will, 223 Whitmoor Forest Court, Weldon Spring, MO 63304. The WTNGA will not evaluate requests submitted via telephone or over the internet or without all required documentation having been submitted in its entirety as part of a single submission.

Any player wishing to receive permission for her caddie to use a golf cart must submit a cart request form and the required medical documentation at the same time the player submits her entry application. **THE WTNGA WILL NOT ACCEPT REQUESTS DIRECTLY FROM CADDIES.**

Please note that requests due to "temporary" injuries or impairments that do not qualify as a "disability" under the ADA will NOT be granted. For your information, a disability protected by the ADA is "a physical or mental impairment that substantially limits one or more of the major life activities of such individual." 42 U.S.C.S. paragraph 12102 (2001).



**INFORMATION TO BE SUPPLIED BY ANYONE
CLAIMING A DISABILITY SEEKING TO USE A CART IN A
WOMEN'S TRANS NATIONAL GOLF ASSOCIATION (WTNGA) CHAMPIONSHIP
(Please use additional pages as necessary)**

1. Please explain the nature of your disability and why it requires that you use a cart?

2. a) Is your disability permanent or temporary? _____
b) How long have you suffered from this disability? _____
c) How does this disability limit your ability to walk during championship golf? _____
d) Is it stable? _____
e) Has it become worse over time? _____

3. Provide a current medical report from your physician that has evaluated your condition, describing the nature and extent of your disability and explaining why it would be beyond your ability to walk during this event. Such report must explain, in detail, your diagnosis and symptoms, and specifically describe how your condition impairs your ability to walk in general and during a golf tournament. **Such report should be attached to and submitted together with this completed cart request form.**

4. Please provide the name, address and telephone number(s) of your treating physician(s) for the condition which you believe requires use of a cart.

5. What is the current treatment plan for your condition?

Identify medication(s), and therapy utilized to treat your condition, and any side effects experienced.

6. If your condition relates to a cardiac (heart) problem, please answer the following:
 - a) Have you ever had coronary artery bypass surgery or an angioplasty? _____

 - b) Do you take cardiac medications, and if so, what are the medications and current dosages?

 - c) Do you experience shortness of breath, chest or arm tightness, leg cramping while walking? _____

If so, how many yards can you walk before stopping? _____

7. Have you ever been given an impairment rating for this condition, relating to Workers' Compensation, a personal injury claim, or for Social Security Disability purposes? _____
If so, please provide details as to the rating, which body parts and basis for the rating (AMA Guides to Permanent Impairment, 5th edition, or to a local or state rating guide).

8. Can you walk up a flight of stairs without assistance, without walking aids, and without holding onto the handrail? _____

How many yards can you walk on level ground without having to stop, or without assistance?

9. Do you use walking aids (cane, crutches, walker, wheelchair, back brace, leg brace)? _____
And if so describe the length of time you use them each day.

10. Provide a list of the golf tournaments you have played in during the past five years and state whether you walked or used a cart during these tournaments.

11. On average, how many times a week do you play non-tournament golf? _____

12. In non-tournament play, what percentage of the time do you walk when you play; what percentage of time do you use a cart?

I CERTIFY THAT THE INFORMATION SUPPLIED ABOVE AND IN ANY ATTACHMENTS IS TRUE AND CORRECT.

Signature _____

Print Name and Date _____

NOTE: This cart request form (including all information requested above), medical report from physician and attached authorization for release of medical information must be submitted to the WTNGA simultaneously and together with the original relevant WTNGA Championship entry application, all of which must be submitted by the player (not a caddie) **IN WRITING**, and received by the WTNGA by no later than the date and time the championship entry application is due. Facsimile, phone or on-line submissions **NOT ACCEPTED**.



**AUTHORIZATION FOR RELEASE OF MEDICAL INFORMATION
IN SUPPORT OF REQUEST FOR USE OF A CART**

I authorize the WTNGA and their designated agents and medical professionals participating in the decision to provide a golf cart to contact my health care provider(s) regarding my condition, which I believe constitutes a disability under the Americans with Disabilities Act (“ADA”) entitling me to use a cart during golf tournament competition.

I authorize my health care provider(s) to communicate with the WTNGA, their designated agents and medical professionals participating in the decision to provide a golf cart to provide such clarification or further information as may be necessary for the WTNGA to make a determination regarding my request for use of a cart. I authorize the release of any documentation, medical records, or other information relating to my condition in connection with my request for use of a cart.

Signature _____

Print name and date _____