



COSMO KNIGHTS SCHOLARSHIP FUND INC.

3338 NORTH ILLINOIS STREET INDIANAPOLIS, INDIANA 46208 (317) 925-6275

Presents

THE COSMO KNIGHTS JUNIOR INSTRUCTIONAL GOLF PROGRAM

Application

Name: _____ Nickname (if any): _____

Parent/Guardian Name(s): _____

Home Telephone #: _____ Work Telephone #: _____

Street Address: _____ Emergency Contact Person: _____

City: _____ State: _____ Emergency Telephone #: _____

Zip Code #: _____ Birth date: _____

School: _____ Grade: _____ GPA: _____

Have you participated in a junior golf instructional program before? (Yes/No) _____

Age Group (Check One Below):

- | | | |
|---|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Pee Wee 6-7 coed | <input type="checkbox"/> Boys 12-13 | <input type="checkbox"/> Girls 12-13 |
| <input type="checkbox"/> Pee Wee 8-9 coed | <input type="checkbox"/> Boys 14-15 | <input type="checkbox"/> Girls 14-15 |
| <input type="checkbox"/> Pee Wee 10-11 coed | <input type="checkbox"/> Boys 16-17 | <input type="checkbox"/> Girls 16-17 |

Costs: There is no membership fees associated with a students' participation. This program is Free.

Sponsors: Lilly Endowment; the Scholarship Fund and other corporate sponsors have made this opportunity available for boys and girls to learn how to play golf and participate in the Annual Junior Golf / Scholarship Tournament, to be held July 23 and 24, 2010. More details are forth coming.

Location & Duration: The instructional golf program will take place at Douglass Municipal Golf Course and the program is anticipated to begin Monday May 3 through July 21th, between 5 to 7:00 p.m. The program will be held every Monday and Wednesday up and until the end of the golf tournament. All equipment and supplies (accept golf shoes & glove) will be provided by Douglass Golf Course and Cosmo's Scholarship Fund, Incorporated.

If you have any questions, please contact Lenny Irons, Program Director at 317/925-6275 for assistance.

I, the undersigned, acknowledge that injuries occur in the normal course of participation in any competitive sport. I knowingly assume the risk of participation and agree not to hold blameless, harmless and liable the Cosmo Knights Junior Instructional Golf Program, the director, volunteer coaches, the golf course or sponsors. For any injury or loss incurred through participation in the Cosmo Knights Junior Instructional Golf Program or the Annual Junior Golf / Scholarship Tournament. Furthermore, I acknowledge that it is my responsibility to provide my own medical insurance to cover any injury resulting from my (child's) participation. By signing below, I stipulate that I have no injuries or other medical conditions which would keep me from participating under competitive conditions.

Signed: _____ Signed: _____ Date: _____
Applicant Parent/Legal Guardian