6TH ANNUAL FALL DISC GOLF CLASSIC NOVEMBER 3-4, 2007

2 Days of Pro/Am Fun at Two Courses

Hosted by The Onslow Flying Disc Association, The City of Jacksonville Department of Recreation and Parks, and The Onlsow County Parks and Recreation Department.

PDGA B-Tier Sanctioned Event

Saturday: November 3 @Northeast Creek Park 910 Corbin St. Jacksonville, NC 8:00-9:30am Late Registration/Check-In 9:30am Players Meeting 10:00am First Round Start TBA Second Round Start

Sunday : November 4 @ Richlands Steed Park 270 Franktown Rd. Richlands, NC 9:00am Players Meeting 9:30am Third Round Start TBA Fouth Round Start

Pro Divisions \$55.00 Am Divisions \$35.00

\$5.00 Late Registration Fee after November 2, 2007. Add \$5.00 for Non-PDGA Members. FIELD LIMITED TO 90 PLAYERS!!!! Lunch break on each day will be 1 hr. after the last card is turned in. Awards will be presented after final round tabulations on the last day. Waiver forms will be required. All PDGA Rules Apply. \$5 of your entry fees go to PDGA fees, Club fees, and Coastal Plains Points Race.

	Registration/Waiver Form			
Name	Sex	Pro- O M GM \$		
Address		Am- Int Adv AdvM \$		
City	State	Circle one above		
Zip Code	PDGA#	Non-Current PDGA add \$5.00		
Phone (Send	Checks Payable to: Melissa Knapp		
For more info call	(910)381-4344	243 Zachary Ln.		
(910)381-3017		Hubert, NC 28539		

I______hereby give my permission to participate in Onlsow County and Jacksonville Parks Dept. program of Disc Golf. By this authorization. I approve of the program and accept all supervision of those being satifactory for the above named person. Ihave been given the opportunity to inspect the primise or equipment used for this event and will notify the event coordinator of any objection of the primise or equipment used in connection therewith. I hereby release and hold harmless all sponsors, Onslow County Parks and Recreation, Jacksonville Recreation and Parks, The Onslow Flying Disc Association, and any of their agents representatives from and against any and all claims of liability and causes of action at law for loss, damage, or injury (including death) to persons and/ or property which would or could be based on the qualification of the tournament director. MEDICAL: Ihereby give the tournament director permission to seek care necessary for injury or illness to the above mentioned if necessary. **PARTICIPANT SIGNATURE** DATE

Parent-Legal Guardian	DATE	