



FOR YOUTH DEVELOPMENT®  
FOR HEALTHY LIVING  
FOR SOCIAL RESPONSIBILITY

# DRIVE CHIP AND PUTT

## DISC GOLF SCRAMBLE 2019 Ferdinand Heimatfest 18TH STREET PARK, FERDINAND

Come join us for our disc golf scramble hosted by the Tri-County YMCA. Disc golf is much like traditional golf, the sport uses a disc instead of a ball and clubs. This fun sport is a great recreational activity that helps to improve health and quality of life. As part of the 2019 Ferdinand Heimatfest, the YMCA wants to invite anyone (beginners to experts) to come and enjoy the fun.

### What

-A 2-person 9 hole scramble (each person throws, and you take the best of the two throws each time)

### When

Tournament starts at 5:30PM EDT on June 21st. Check in will begin at 5:00PM.

-Table will be setup by the basketball court in 18th Street Park.

### Cost

-Cost is \$20 per team, and it includes 9-holes of disc golf and snacks and refreshments.

-The YMCA will have discs available to use if needed.

### Additional info

-Sign-up online by visiting [www.tricountyymca.org](http://www.tricountyymca.org) or stop at the front desk at the Tri-County YMCA.

-Sign-up by Thursday, June 20th at 5pm or wait to sign-up at check-in time.

-Prizes are awarded to the top 2 teams!

-If you have questions, please call Abe at 812-367-2323 or email him at [abe@tricountyymca.org](mailto:abe@tricountyymca.org).



#### TRI-COUNTY YMCA

131 E. 16th St., Ferdinand, IN 47532

P 812-367-2323 F 812-998-9622 [www.tricountyymca.org](http://www.tricountyymca.org)



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### 1st Player

### 2nd Player

**Name:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street

**Address:** \_\_\_\_\_  
Street

\_\_\_\_\_  
City State ZIP

\_\_\_\_\_  
City State ZIP

**Phone Number:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ mm/ dd/ yyyy

**Date of Birth:** \_\_\_\_\_ mm/ dd/ yyyy

**Gender:** M / F

**Gender:** M / F

**Emergency Contact Name:**  
\_\_\_\_\_

**Emergency Contact Name:**  
\_\_\_\_\_

**Emergency Contact Phone Number:**  
\_\_\_\_\_

**Emergency Contact Phone Number:**  
\_\_\_\_\_

**Emergency Contact Date of Birth:**  
\_\_\_\_\_ mm/dd/yyyy

**Emergency Contact Date of Birth:**  
\_\_\_\_\_ mm/dd/yyyy

**Can we use your pictures of you for promotions?** Yes/ No

**Can we use your pictures of you for promotions?** Yes/ No

**Do you need discs?** Yes/No

**Do you need discs?** Yes/No

**Team Name:** \_\_\_\_\_

**Consent Statement:** By signing this form it is understood that the responsibility for monitoring the condition of the participant lies with the participant and or guardian and that the undersigned has the understanding of YMCA programs and its facilities. **Talent Release:** This statement is hereby acknowledged and agreed upon by me with the full understanding that any photographs, videotapes, or audio tapes will be freely used by the Tri-County YMCA for public displaying either printed or electronic material for the purpose of furthering the business interest of the Tri-County YMCA.

**Signature of Participants**

**Date**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_