



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

DRIVE CHIP AND PUTT



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MASTERBRAND CABINETS INC.

DISC GOLF SCRAMBLE 2022 18TH STREET PARK, FERDINAND

Come join us on **Friday, June 17th** for our annual disc golf scramble and have your shot at \$5,000! Disc golf is much like traditional golf, the sport uses a disc instead of a ball and clubs. This fun sport is a great and fun recreational activity that helps to improve health and quality of life. The YMCA wants to invite anyone (beginners to experts) to come and enjoy the fun. All scramble pairs will be paired with another team at the start. Pros (900+ PDGA rating) are not eligible for the \$5,000 shot.

What

-A 2-person team, 18 hole scramble (each person throws, and you take the best of the two throws each time)

When

- Check in is from 4:30-5:30 PM EST each team will start as soon as they can get paired with another team.
- Table will be setup by the first hole tee box in 18th Street Park.

Cost

- Cost is \$30 per team, and it includes 18-holes of disc golf, snacks and refreshments.
- Buy a mulligan \$5 on day of. (Max of two mulligans per team)
- *Mulligans cannot be used to retry the Hole-N-One attempt
- The YMCA will have discs available to use if needed.

On Course Contest

- There will be a hole in 1 contest on hole (TBD), The prize will be \$5,000

* Just the first time on hole the hole will the contest be playable. The Second time around the course a hole-in-one will not count towards the prize.



Additional info

- Sign-up online by visiting www.tricountyymca.org or stop at the front desk at the Tri-County YMCA.
- Sign-up by Thursday, June 16th at 5pm.
- Prizes are awarded to the top 3 teams!
- If you have questions, please call Logan at 812-367-2323 or email him at Logan@tricountyymca.org.

TRI-COUNTY YMCA

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

P 812-367-2323 F 812-998-9622 www.tricountyymca.org



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1st Player

Name: _____

Address: _____

Street

City

State

ZIP

Phone Number: _____

Email Address: _____

Date of Birth: _____ mm/dd/yyyy

Gender: M / F

Emergency Contact Name:

Emergency Contact Phone Number:

Emergency Contact Date of Birth:
_____ mm/dd/yyyy

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

Do you need discs? Yes/No

2nd Player

Name: _____

Address: _____

Street

City

State

ZIP

Phone Number: _____

Email Address: _____

Date of Birth: _____ mm/dd/yyyy

Gender: M / F

Emergency Contact Name:

Emergency Contact Phone Number:

Emergency Contact Date of Birth:
_____ mm/dd/yyyy

Can we use your pictures of you for
promotions? 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

