



Recreational Doubles Scramble

Saturday, September 11, 2021

Rain Date: Sunday, September 12, 2021

Advanced Division: 8:00 AM Check-In, 9:00 AM Start

Intermediate Division: 12:00 PM Check-In, 1:00 PM Start

Medals awarded to 1st, 2nd, and 3rd place finishers in each division!

Lysander Park; 8439 Smokey Hollow Road; Baldwinsville

Registration Deadline: September 1, 2021; 4:00 PM

All programs of Lysander Parks & Recreation are first-come-first-served. A Registration Application and payment of the program registration fee must be completed prior to the end of business hours on the registration closing date. A Registration Application may be submitted by email to: parks@townoflysander.org, or by USPS, or in-person to: Lysander Town Hall; Parks & Recreation Department; 8220 Loop Road; Baldwinsville, New York 13027. Acceptable forms of payment include: personal check, cashier's check, money order, or credit card. Checks must be made payable to Town of Lysander; \$20.00 will be charged for a Bounced Check. A credit card payment must be in-person, or by telephone: 315-635-5999. Credit card payments are charged, by MuniPay, a service fee of 2.65% or a minimum of \$3.00.

\$25.00 Registration () **Advanced** () **Intermediate** **Unisex T-Shirt Size, S – XL:** _____

Name: _____ Email: _____

Address: _____ Phone: _____

City: _____ State _____ Zip: _____

Release Waiver: Full refund minus \$15.00 Administrative Fee will be given up to 4 weeks in advance of the registration closing date; Half refund minus \$15.00 Administrative Fee will be given up to 2 weeks in advance of the registration closing date; No refund will be given less than 2 weeks in advance of the registration closing date, or for inclement weather, natural disasters, or acts of nature. Photos taken for publicity purposes may be used on the Town Web Site, our Facebook pages, in local newspapers or in our brochures, unless otherwise requested by the participant. As the participant, I accept full responsibility for any and all injuries which may arise out of participation in the tournament, being registered for tournament I hereby release the Town of Lysander, and its agents and/or employees from any claims of any nature whatsoever arising out of the participation in this tournament. I understand that there is no medical insurance for the participants of this tournament. I the undersigned have read, understand, and agree to the policies listed on this page.

Signature: _____ **Date:** _____

~~~~~ **OFFICE USE ONLY** ~~~~~

Date Received: \_\_\_\_\_

Received \$ \_\_\_\_\_

Check#: \_\_\_\_\_

CC Approval #: \_\_\_\_\_

