

2010 Nordic Fest Disc Golf Tournament

Saturday, July 24th, 2010

3:00 pm starting time at the first hole of Luther College's disc golf course – 700 College Drive - located on the lower campus near Lindeman Pond. Go to www.DiscDan.com for a map.

Registration: Entry fee for the tournament is \$15.00 per person which includes Registration and a Nordic Fest logo stamped disc. Registration will be taken until 2:30 pm Saturday, July 24th at the Decorah Chamber of Commerce and at the event table on the first hole. Online registration is available at www.DiscDan.com.

Tournament: Format will be two nine-hole rounds of single play. After the first nine holes, second round grouping will be based off of first round scores. There will be four divisions to choose from:

- Men Advance
- Men Intermediate
- Women
- Youth 17 and Under

A mandatory player's meeting will take place at 2:45 pm near the first hole of Luther's course.

Awards: Awards will be given to top finishers in each division.

Refreshments: There will be fluids and snacks at the finish.

Information: For further information, please call (563) 382-6552.

Entry Form: Please mail to Nordic Fest Disc Golf Tournament, C/o Decorah Area Chamber of Commerce, 507 West Water Street, Decorah, IA 52101. Please make checks payable to "Nordic Fest Disc Golf". Online registration available www.DiscDan.com.

Last Name: _____ First Name: _____

Age on July 24, 2010: _____ Phone: _____

Street Address: _____ City: _____ State: _____ Zip _____

Waiver: In consideration of acceptance of my entry, I hereby for myself, my heirs and my executors, waive and release any and all rights and claims for damages against the City of Decorah, Decorah Park Board, Luther College, DiscDan.com, other sponsors, event officials, volunteers and workers, for any and all injuries suffered by me in connection with the 2010 Nordic Fest Disc Golf Tournament. I further certify that I am in physical condition for this event. I further attest that I have adequately trained for this competitive event and a licensed medical doctor has verified my physical condition.

Entrant's Signature: _____ **Date:** _____

Parent or Guardian Signature if under 18: _____

First Round Score _____ **Second Round Score** _____ **Total** _____