



2008 U.S. Amateur Championship August 18 – 24 Volunteer Application - Marshals



Last Name: _____ First Name: _____ MI: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Cell Phone: (_____) _____ E-Mail: _____

Are you 18 years of age or older? Yes _____ No _____
If not, please state your age: _____

Do you have a valid driver's license? Yes _____ No _____

Please indicate any previous tournament committee assignments, experience, or expertise.

Uniform Information

The 2008 U.S. Amateur Championship volunteer uniform consists of a championship logoed golf shirt, a baseball cap or women's visor, parking passes on the days you work, lunch provided on the days you work, and a volunteer badge good for admission to the championship the entire week. **The cost of the standard volunteer package is \$50.00. There is no charge for Standard Bearers.**

If you wish to purchase an additional golf shirt for \$20.00, please indicate below. You will be invoiced for the additional shirt along with your standard volunteer package. **This will be the only opportunity to purchase an additional shirt prior to Championship Week.**

Payment via credit card or check must accompany this application. If you are not available to marshal August 18-19, your application will not be accepted. Marshals manage spectators on the course to provide fair playing conditions for the players. Applications may be delivered to the US Amateur Office on the lower level of the Pinehurst Members Club, or mailed to: U.S. Amateur, PO Box 5369, Village of Pinehurst, NC 28374

Standard Package													
(Please circle where appropriate.)													
MEN	SIZE						WOMEN	SIZE					
Logo Golf Shirt	S	M	L	XL	XXL	XXXL	Logo Golf Shirt	XS	S	M	L	XL	XXL
Baseball Cap							Baseball Cap	Visor					
ADDITIONAL GOLF SHIRT (additional \$20 charge):							YES	NO					

VOLUNTEER PACKAGE

Amount Due: \$ 50.00
Additional Shirt Cost (\$20 additional charge) \$ _____
Shipping (\$10 additional charge-indicate shipping address below)\$ _____
Total Amount \$ _____

METHOD OF PAYMENT (please circle one) **Check** (make payable to Pinehurst LLC) Credit Card

Credit Card Type (please circle one) American Express Visa MasterCard Discover

Credit Card Number: _____ **Expiration Date:**
(mo.) _____ (yr.) _____

Name on Card

Signature (required regardless of payment method)

: _____

Shipping Address (shipping charges apply-see above):

Name:

Street Address (cannot be delivered to PO Box)

City _____ State _____ Zip Code
