

2009 U.S. Women's Amateur Public Links Championship

Red Tail Golf Club, 15 Bulge Road Devens MA, 01434



Dear Prospective Host Family,

Thank you for your interest in hosting one of the participants in the 2009 U.S. Women's Amateur Public Links Championship. Enclosed is an application form that allows us to properly match you with the appropriate player(s). Please fill out this form and return it to me as soon as possible.

This Championship will bring 156 of the best female amateur players in the country to Red Tail Golf Club. The participants could range between 9 and 60 years old. A majority of the players are between 18-25 years old and will be traveling alone. Unfortunately not all of the players have the financial means to provide adequate housing for themselves during the Championship.

Responsibilities for hosting one or more of the players will require providing transportation to and from Red Tail Golf Club and to allow them to be guests of you and your home for the week. Most players will arrive on June 19th where they will be required to register for the Championship and then will have practice rounds on June 20th and June 21st. Championship play will begin with rounds on Monday and Tuesday where the field will be cut to 64 players for match play. Match play will begin on Wednesday and the field will be cut in half in each day until two players remain to play the championship match on June 27th. It is unknown the length that a player will be staying with you for the duration of the championship.

If you have any further questions please contact us by phone or email. Thank you for your consideration and we look forward to working with you during the championship.

Kris Coates
Housing Chairman
Ph. 978-772-3273
Fx. 978-772-2534
kcoatesrtgc@yahoo.com

2009 U.S. Women's Amateur Public Links Championship

Red Tail Golf Club, 15 Bulge Road, Devens, MA 01434



HOST FAMILY INFORMATION

Please mail or fax this form back to Kris Coates by April 15th. Your prompt response is appreciated. If for some reason you are unable to fulfill your commitment as a host family, please notify Kris as soon as possible.

Host and Hostess Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Bus. Phone: _____ Cell: _____

Please mark the appropriate response:

1. Do you smoke? Y ___ N ___ (some players may request non-smoking accommodations.)
2. Will you host a player who smokes? Y ___ N ___
3. Do you have pets? Y ___ N ___

If so, what kind and how many? (some players may be allergic to certain animals, etc.)

4. How many players can you host comfortably in your home? (one bed per person) _____

5. Would you be willing to house family members of the player or her caddie? (This is not a frequently made request but it has occurred. Your only commitment is to house the player) Y ___ N ___

Comments: _____

6. Do you have an age preference? Y ___ N ___ (Please specify:) _____

7. Please list any additional comments or information: _____

Thank you for your willingness to assist with this Championship. We look forward to working with you.

Kris Coates
Housing Chairman
Phone 978-772-3273
Fax 978-772-2534
kcoatsrtgc@yahoo.com