



**POLISH FALCONS OF AMERICA**  
 1016 GREENTREE ROAD, SUITE 201  
 PITTSBURGH, PENNSYLVANIA 15220-3125  
 Phone: 412-922-2244 - Fax 412-922-5029 - Toll Free 1-800-535-2071  
**WWW.POLISHFALCONS.ORG**

## 57th National Golf Tournament Registration Form August 7-8, 2026 South Bend, IN

**ELIGIBILITY REQUIREMENTS:** Men and women, Insured Benefit Members, Fraternal Benefit Members and Nest Social Members in "Good Standing" as of July 15, 2026 are eligible to participate in the National Golf Tournament.

- **National Dues must be paid to participate.**
- Soft spikes and collared shirts are required at the course.
- No outside coolers or alcohol permitted on the course.

**ENTRIES CLOSE: JULY 15, 2026** *(We may be unable to accommodate preferences for registrations submitted after the deadline)*

Include a check payable to Polish Falcons of America with your registration form (if not filling out online).

Please mail both to **Polish Falcons of America, Attn: National Golf, 1016 Greentree Rd., Suite 201, Pittsburgh, PA 15220.**

**Registration Fee:** \$180.00 per golfer    **Nest Social Members:** \$205.00    **Dinner Choice for Saturday:** Chicken  Steak   
**For Extra Dinner(s):** \$25.00 per person, per meal    **Number of Extra Dinners for:** Friday \_\_\_\_\_ Saturday \_\_\_\_\_

**Total Amount enclosed:** \$ \_\_\_\_\_

Nest #: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Desired Name of Player for Two-person Scramble:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Desired Names of Player Foursome (optional):

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Handicap:** Please note all golfers are in Low Gross and Handicap. IF using GHIN or league handicap, please bring proof with you. If using neither, a Falcon Handicap will be assigned to you. If you do not have a handicap and have not participated in a Falcon tournament, please bring three score cards to verify your typical score. Maximum handicap for new golfers is 18.

GHIN Handicap *(if applicable)*: 18 holes \_\_\_\_\_ 9 holes \_\_\_\_\_ League Handicap *(if applicable)*: \_\_\_\_\_

**The Hammer Open will be held Thursday, August 6.**

I plan to participate:  Yes  No

For more information about The Hammer, please contact Jeff Jalowiecki at [jjalowiecki29@gmail.com](mailto:jjalowiecki29@gmail.com).  
 For registration questions, please contact Trish at 800-535-2071 or [vptrish@polishfalcons.org](mailto:vptrish@polishfalcons.org).



## WAIVER AND CONSENT FORM

I hereby agree to participate in the sport designated below.

I understand that there are certain risks of injury inherent in the practice and play of this sport, as well as in traveling and other related activities incidental to my participation, and I am willing to assume these risks. I hereby certify that I am fully capable of participating in the designated sport and that I am healthy and have no physical or mental disabilities or infirmities that would restrict full participation in these activities, except as listed below.

In addition to giving my full consent for my participation, I do hereby waive, release, and hold harmless the Polish Falcons of America, its officers, sponsors, supervisors, and representatives for any injury that may be suffered by me in the normal course of participation in the designated sport and the activities incidental thereto, whether the results of negligence or any other cause.

### **Polish Falcons of America Adult National Golf Tournament** **August 7-8, 2026 South Bend, IN Nest 4**

Name of Participant: \_\_\_\_\_

Participant's Signature: \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Please list any physical limitations (allergies, hearing, vision, etc.):