

# Participant Application



Name \_\_\_\_\_ Height \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_

Left or Right Handed \_\_\_\_\_ Age \_\_\_\_\_

### Shirt Size (circle one)

Adult XL   .Adult L   .Adult M   .Adult S  
Youth L   Youth M

\_\_\_\_\_  
Please Print Name of Parent or Guardian

- 1) Participant must be between the ages of 8-15
- 2) Has little to no golf experience
- 3) Does not own his/her own set of clubs

Yes, my child meets the three minimum requirements stated above.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

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