

THE Jemsek COLLEGIATE GOLF TOUR

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MEMBER NAME: _____

ADDRESS: _____

CITY, STATE, ZIP CODE: _____

AGE AS OF 5/25/10: _____ CELL PHONE #: _____

CONTACT EMAIL ADDRESS: (please write legibly)

DATE OF BIRTH: _____ GENDER: _____

CDGA/USGA #: _____ INDEX: _____

AVERAGE SCORE (FOR PAIRING PURPOSES): 18 HOLES: _____

IF ATTENDING COLLEGE, PLEASE STATE NAME OF INSTITUTION:

IF UNDER 21 YEARS OF AGE PLEASE PROVIDE THE FOLLOWING INFORMATION

PARENT/GUARDIAN NAME(S): _____

RELATION: _____ PHONE #: _____

EMERGENCY CONTACT: _____ PHONE #: _____

MEMBERSHIP FEE: \$75