



COLLEGIATE GROW REGISTRATION FORM

APPLICANT INFORMATION

Name:

Date of birth:

Phone:

Current address:

City:

State:

ZIP Code:

School:

Current Classification in School:

Major:

PLEASE EXPLAIN WHY YOU ARE INTERESTED IN TAKING GOLF LESSONS PROVIDED BY GROW

EMERGENCY CONTACT

Name of a parent/guardian of Collegiate GROW participant:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

Which of the following most describes your skill level in golf?

- | | |
|--|---|
| <input type="checkbox"/> I've never even thought about learning golf
<input type="checkbox"/> I played in high school or younger
<input type="checkbox"/> I've only played Putt Putt
<input type="checkbox"/> I'm interested in learning golf for business purposes | <input type="checkbox"/> I've played other sports
<input type="checkbox"/> I'm interested in golf as a leisure activity
<input type="checkbox"/> My parents and/or mentor encourage me to learn golf
<input type="checkbox"/> Other (Please explain) _____ |
|--|---|

Complete the following statement (general, not specific to golf): When I graduate from college, I will _____

Proceeds from the Annual GROW Co-Ed Golf tournaments provide golf lessons for Collegiate & GROW Girl programs.

www.growtoday.org

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