



## GROW COLLEGIATE REGISTRATION FORM

Name:		
Date of birth:		Phone:
Current address:		
City:	State:	ZIP Code:
School:	Current Classification in School:	Major:

<b>PLEASE EXPLAIN WHY YOU ARE INTERESTED IN TAKING GOLF LESSONS PROVIDED BY GROW</b>

### 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've played other sports                            |
| <input type="checkbox"/> I played in high school or younger                    | <input type="checkbox"/> I'm interested in golf as a leisure activity        |
| <input type="checkbox"/> I've only played Putt Putt                            | <input type="checkbox"/> My parents and/or mentor encourage me to learn golf |
| <input type="checkbox"/> I'm interested in learning golf for business purposes | <input type="checkbox"/> Other (Please explain) _____                        |

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

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