



GROW GIRL REGISTRATION FORM

APPLICANT INFORMATION

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

GROW GIRL MENTOR/COLLABORATION ORGANIZATION (IF APPLICABLE)*

*Name of Organization:	Shirt Size:
How long have you been a participant of the organization?	
Do you play golf?	Have you ever played golf?
Have you ever had an <i>interest</i> in golf?	
What other sports do you play?	

EMERGENCY CONTACT

Name of a parent/guardian of GROW Girl participant:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

Complete the following statement: When I grow up I will _____

Which of the following characteristics would you like to enhance as a participant of GROW Girl Sessions. Please choose all that apply.

- | | |
|---|--|
| <input type="checkbox"/> Honesty
<input type="checkbox"/> Building Relationships
<input type="checkbox"/> Goal Setting
<input type="checkbox"/> Understanding the Game of Golf | <input type="checkbox"/> Patience
<input type="checkbox"/> Punctuality
<input type="checkbox"/> Etiquette
<input type="checkbox"/> Other (Please explain) _____ |
|---|--|

The mission of GROW Girl is to help girls grow, learn etiquette and honor through the game of golf, and realize and pursue their dreams.

www.growtoday.org
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