



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		
Name of Organization: Moves & Grooves		
How long have you been a participant of Moves & Grooves?		
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.

- |                                      |                                    |
|--------------------------------------|------------------------------------|
| _____ Honesty                        | _____ Patience                     |
| _____ Building Relationships         | _____ Punctuality                  |
| _____ Goal Setting                   | _____ Etiquette                    |
| _____ Understanding the Game of Golf | _____ Other (Please explain) _____ |

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

[www.growtoday.org](http://www.growtoday.org)  
 PO Box 292830  
 Nashville, TN 37210