



GOAT HILL PARK

Caddie & Leadership Academy Application

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Email: _____

School: _____ Age: _____ Grade: _____

Grade Point Average (GPA): _____ (please attach the most recent school transcript, thank you)

Parent's and/or Caretaker's Names: _____

Father's Occupation: _____

Mother's Occupation: _____

Caretaker's Occupation: _____

Number of Siblings: _____

Have you caddied before? Yes: _____ No: _____ Where: _____ How long: _____

Are you available and willing to commit to the entire 8 weeks of the Academy? Yes: _____ No: _____

The Academy is primarily a weekend job, are you willing and available to work all weekends during the 8 week program? Yes: _____ No: _____ If not, why? _____

Do you have transportation to the golf course? Yes: _____ No: _____

Have you golfed before? If so, how often: _____

Please list 2 personal references that we may contact (other than direct family), thank you

Name:	Relationship:	Phone:	Email:
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1. _____

2. _____

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