

PLAYER PROFILE *return completed forms to 1757 Golf Club*

Date Enrollment Completed Online: _____

Player *(Full Name)*: _____

Nickname: _____

Player Date of Birth: _____

Gender: _____

Parent or Guardian *(Full Name)*: _____

Parent or Guardian Contact Tel: _____

Parent or Guardian Email: _____

Address: _____

City, State, Zip: _____

Previous Junior League Experience *(Any)*: ☐ YES ☐ NO

Golf Lesson Experience: _____

Tournament / Competitive Experience: _____

Special Notes *(Allergies, Special Needs, etc)*: _____

Emergency Contact *(If Different from Parent)*: _____

Emergency Contact Tel: _____