

Caddie Registration Form

Name _____

Address _____

City _____ State _____ Zip _____

Phone _____ () _____

Emergency Phone _____ () _____

Social Security Number _____

What school do you attend? _____

Do you play golf? _____ If so, how long? _____

What do you score for 9 holes? _____

Have you ever caddied before? _____

How did you hear about the Columbia Hills CC caddie program? _____

Signature _____ Date _____

Please bring this registration form in to the Columbia Hills Pro Shop or mail it to the shop at:

Columbia Hills Country Club

Jim Wise, PGA

16200 E. River Road

Columbia Station, OH 44028