



Park Ridge Country Club Caddie Application

Name _____

First Name

Last Name

Date of Birth _____

Age _____

Address _____

City _____ State _____ Zip _____

Telephone _____

School _____ Grade _____

Email Address _____

Emergency Contact _____

Emergency Contact Phone Number _____

If I am accepted into the Park Ridge Caddie Program, I will do my best to respect others and always provide a world class service.

Applicant Name _____

Applicant Signature _____ Date _____

I consent to my child becoming a caddie at Park Ridge Country Club.

Guardian Name _____

Guardian Signature _____ Date _____