

2012 APPLICATION FORM
George Bell Golf First Beginner Program

Applicants Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Telephone No.: _____ **E-Mail:** _____

Male: _____ **Female:** _____ **Age:** _____ **Height:** _____

School: _____

Skill Lever: (Check One) Beginner _____ Intermediate _____ Advanced _____

Playing Experience: (Check all that apply)

I have never played: _____ **I have played 1 to 5 times:** _____
I have played 6 to 10 times: _____ **I have played more than 10 times:** _____
I have taken golf lessons: _____ **How many golf lessons?:** _____

DO YOU NEED CLUBS?: Yes _____ No _____ **IF YES:** Right _____ Left _____

Parent or Guardian Contact: _____

Address if Different from above: _____

Telephone No.: _____ **E-Mail:** _____

Applicant should briefly describe why he or she would like to learn how to play golf. Applicants must be between 10 and 15 years on June 1st and be able to attend all the scheduled clinics.

*Submit the completed application form to: **Golf First, P.O. Box 187, Libertyville, IL 60048***