

E.J.G.A.

2017 Membership Application

Junior Golfer Information

First Name: _____ Last Name: _____

Gender: Male Female Age as of August 1, 2017: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent Information (Primary Contact)

Relation to Golfer: _____

First Name: _____ Last Name: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Email: _____

Primary Phone Number: _____

Membership Fee: \$50

Family Membership Fee: \$25 each additional child, max at \$100

Make Checks Payable to: E.J.G.A

Mail Checks to: Tee Time Golf Complex

7800 Morgan Ave., Evansville, IN 47715