

E.J.G.A.

2018 Membership Application

Junior Golfer Information

First Name: _____ Last Name: _____

Gender: Male ___ Female ___ Age as of August 1, 2018: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Information (Primary Contact)

Relation to Golfer: _____

First Name: _____ Last Name: _____

Address (if different from above): _____

City: _____ State: _____ Zip: _____

Primary Contact Email: _____

Primary Contact Phone Number: _____

Individual Membership Fee: \$50

Family Membership Fee: \$50 plus \$25 each additional child, max of \$100

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

Mail Checks to: Tee Time Golf Complex

7800 Morgan Ave., Evansville, IN 47715