

E.J.G.A.

2011 Membership Application

First Name: _____ Last Name: _____

Age as of August 1, 2010: _____ (Please Circle One) Gender: Male Female Date of Birth: ____ - ____ - ____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone _____ e-mail Address: _____

(Please Circle One) Have you ever participated in the E.J.G.A.? Yes or No If so, what year did you start? _____

What school will you attend as of Aug 9th, 2010? _____ What grade in school will you be Aug 9th, 2010? _____

Junior's Golf Ability (Please Circle One) What's your level of ability? Beginner Intermediate Advanced

What is your average score? Don't Know _____ 9 hole score _____ or 18 hole score _____ Golf Course _____

Mother Information

Best Volunteer Day - M T W T F

Please accept this donation in lieu of being a volunteer \$ _____

First Name: _____ Last Name: _____

Address: _____ EMAIL: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Father Information

Best Volunteer Day - M T W T F

Please accept this donation in lieu of being a volunteer \$ _____

First Name: _____ Last Name: _____

Address: _____ EMAIL: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Membership Fee: \$65.00
Family Membership: \$100.00

Make Checks Payable To: **E.J.G.A.**
3504 Debbie Lane
Evansville, IN. 47711

F.A.Q.
www.ejgainfo.com
Or call 812-459-3259