

Cantigny Golf Caddie Application

Date: _____

Last Name _____ First Name _____

Street Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

E-mail address (please provide only one address and please print CLEARLY!)

Your date of birth (mm/dd/yyyy) _____

Parent or guardian name (s) _____

Do you know any Cantigny caddies or Cantigny employees? Yes No

If yes to the above, then please list their names below

Do you play golf? Yes No How often? _____

Have you ever taken lessons at Cantigny? Yes No

Do you remember the names(s) of your instructors? _____

Have you caddied before? Yes No If yes, where? _____

School that you attend, and year _____

Do you understand the accompanying information page? _____

Do you have the time and the commitment to be a Cantigny Caddie? Yes No

Are you willing to caddie on weekends in the months of Sept. and Oct? Yes No
If not, why? _____

Please return this application to the Cantigny Golf Shop or mail to:

Caddie Superintendent
Cantigny Golf
27W270 Mack Rd.
Wheaton, IL 60189