



VILLAGE LINKS  
G L E N E L L Y N

2019 Village Links Golf Caddie Application

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-mail address and please print CLEARLY!

\_\_\_\_\_

Date of birth (mm/dd/yyyy) \_\_\_\_\_

Parents or guardians names \_\_\_\_\_

Do you play golf!    Yes    No                      How Often? \_\_\_\_\_

Have you ever taken lessons at the Village Links?    Yes    No

Do you remember the names of your instructors? \_\_\_\_\_

\_\_\_\_\_

Have you ever caddied before?    Yes    No    If yes, where? \_\_\_\_\_

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

Please return the application to the Village Links Golf Shop