RIVER FOREST COUNTRY CLUB CADDIE APPLICATION 2022 SEASON

NAME			
Last	First	Middle	e
ADDRESS			
CITY, STATE, ZIP			
AGE			
DATE OF BIRTH (MM/DD)/YYYY)		
HOME PHONE			
CELL PHONE		-	
EMAIL			
DO YOU HAVE A FACEB	OOK ACCOUNT? YES	NO	
AFTER SCHOOL ACTIVIT	TIES		
DISTANCE FROM HOME	TO GOLCOURSE		
HOW WILL YOU GET TO	WORK DAILY		
DO YOU HAVE ANY CAD	DDIE EXPERIENCE		
IF YES, WHERE DID YOU	CADDIE AND WHAT	WAS YOUR CLSSIFICATION	
		THAT PRECLUDE YOU FROM RE BEING CONSIDERED? Y	
IF YES, WHAT CAN BE D	ONE TO ACCOMMODA	ATE YOUR LIMITATION?	
PLEASE DESCRIBE			
HEIGHT(OPTIONAL)	(OPTIONAL) WE	IGHT	

INCASE OF AN EMERGENCY WHO DO WE CONTACT?

NAME	RELATION	
PHONE NUMBER	EMAIL	
WHEN CAN YOU START TO CA	ADDIE	
I understand that caddying is not ar I will get work and other days that every day. If my application is acceexceptional service and act with resproperty of River Forest Country CAPPLICANTS SIGNATURE:	I will not get to work, even the epted and if I qualify to caddie spect towards the club member club.	e, I will do my best to provide rs, club guests, employees, and
AITLICANTS SIGNATURE		DATE
RELEASE OF LIABILITY I agree and understand that my part unanticipated risks of harm or injur acknowledge that such risks exist, a Country Club and their respective of claims for liability for personal injurparticipating as a Caddie. I accept f damages I may suffer while participating this Release by reading it before sign consideration for participating in the	ry. As a prerequisite to my part assume all such risks, and rele officers, directors, members, a try (including death) or properfull responsibility for the costs pating as a Caddie. I have fully gning it and agree to be bound	ticipation as a Caddie, I ase and discharge River Forest and employees from any and all rty damage that I may suffer while of treatment for any injury or y informed myself of the contents of
APPLICANTS SIGNATURE:		DATE:
part of the club. River Forest Count solely by the player.	on/daughter to caddie at River damages or injuries to any cad try Club does not employ cado	die not caused by negligence on the dies. All caddies are employed
PARENT / GUARDIAN SIGNATI	URE:	$DATE \cdot$

PLEASE SUBMIT THE FOLLOWING ITEMS WITH YOUR APPLICATION:

- 1. COPY OF BIRTH CERTIFICATE
- 2. COPY OF MOST RECENT REPORT CARD

Your application WILL NOT be considered if the above items are not received.



*** IMPORTANT INFORMATION ***

It is mandatory for a parent / guardian and the applicant to attend the Caddie Orientation on:

DATE ____Saturday, March, 19th 2022 at 1pm____

Caddie Test Date: _Saturday, March, 26th or Saturday, April 2nd from 10am to 12pm._

Completed applications can be submitted:

- In person Clubhouse
- By Fax 630.279.7568
- By mailed to:

15W468 Grand Avenue Elmhurst, IL 60126 Attn: Caddie Master

All Applications are due by Wednesday, March, 16th 2022 Caddie Training Dates:

- 1. April 5th April 7th
- 2. April 12th April 14th
- 3. April 19th April 21st
- 4. April 26th April 28th