

CADDIE APPLICATION

Cantigny Golf Caddie Application

Date _____

Last Name _____ First Name _____

Street Address _____

City _____ Zip Code _____

Home Phone or Parent Cell Phone _____

Your Cell Phone (if available) _____

Your E-mail address, and please print **CLEARLY!** _____

E-mail must be checked **DAILY**, and please, only one address

Parents or guardians names _____

Do you know any Cantigny caddies or Cantigny employee? 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, then where? _____

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

What school do you attend? Class in school next Fall? _____

What year is your expected high school graduation? _____

Do you understand the [Caddie Program Information](#)? Yes ☐ No ☐

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?

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