

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



To learn more about our golf course or to book a tee time visit
CantignyGolf.com or call 630.668.8463