



# Carolinas Junior Golf Entry Fee Assistance Program



Parent's Last Name: \_\_\_\_\_ Parent's First Name: \_\_\_\_\_

Junior's Last Name: \_\_\_\_\_ Junior's First Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

Parent's Phone Number: \_\_\_\_\_

Name of Event	Location of Event (City, State)	Entry Fee
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
<b>TOTAL</b>		<b>\$</b>

Please briefly explain why you would like to be considered for financial assistance.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_  
(Print Name)

Signed: \_\_\_\_\_ Date: \_\_\_\_\_



Entry fee assistance funding  
provided by the HV3 Foundation.

