

Carolinas Golf Association Entry Fee Assistance Program

Parent's Name: _____

Junior's 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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

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

Submitted by: _____
(Print Name)

Signed: _____

Date: _____

