



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
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL		\$

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.

