



YOUTH PROGRAM APPLICATION

NAME: _____

ADDRESS: _____

E-MAIL: _____ CELL # _____

HOME PHONE: _____

PARENT'S (OR GUARDIAN'S) NAME(S): _____

SCHOOL: _____

GRADE: _____

DATE OF BIRTH: _____

SPORTS / ACTIVITIES: _____

PREFERRED FIRST TEE CLASSES:

SPRING ()

SUMMER 1 ()

SUMMER 2 ()

FALL ()

*Send application to Tiretown Golf Club, P.O. Box 562, Akron Ohio 44309

*No cost for youth program membership

*Visit our website at <https://tiretowngolfclub.net/>

APPLICANT'S SIGNATURE: _____

PARENT (OR GUARDIAN) SIGNATURE: _____