The First Tee 2013 Application

Youth Information

Name: (First) _____ (Last) _____

*Address: _____ City: _____ State: _MN_*

Zip: _____ School: _____ Grade: _____

Phone: _____ Email: _____ Birth date: _____

Gender: M / F Ethnicity (optional): _____ Graduation Yr._____

Parent Information

Parent Name: _____ Parent Email: _____

Parent Phone: (Home) _____ (Work)_____(Mobile)_____

Parent Address (If the same as above address leave blank): _____

City: _____ State: _MN_ Zip: _____

Emergency Contact: _____ Phone: _____

Participant Information

First Time Participant: Y / N If no, since when: _____ and what previous chapter:_____

Equipment Needed: _____ Skill Level: _____

Previous National School Program Participant: Y / N

Department of Defense

The Following Is For Parents Involved With The Department of Defense(Full scholarship incentives):

Base Name: _____ Rank: _____

Branch of Service: _____ Status: _____