

PARENT(S) NAME:

PARENT(S) EMAIL:

ADDRESS

PHONE #

EMERGENCY CONTACT:

SCHOOL ACTIVITIES/ HOBBIES:

SCHOLARSHIP INFORMATION AT:

johnrawdongolf.com

I NEED CLUBS

JUNIOR QUESTIONNAIRE

NAME _____

GRADE _____ **AGE** _____ **GPA** _____

RIGHT-HANDED/LEFT-HANDED

SCHOOL ATTENDING _____

YEARS PLAYED _____

YEARS ON GOLF TEAM _____

IF ABOVE IS ZERO (0) SKIP BELOW

AVG 9-HOLE SCORE _____

CONF SCORE _____

DIST SCORE _____

SECT SCORE _____

STATE SCORE _____

BEST SCORE _____ (9) _____ (18)

AVG DRIVING DISTANCE _____

AVG PUTTS PER ROUND _____

CLUB HIT FROM 150 YARDS _____

GOLF BALLS USED _____

Mail to:

JONRUS Jr.

PO Box 881

Chillicothe, MO

64601

Make Checks Payable to:

JONRUS, Jr.

\$150.00 NON Greatlife Member'

\$125.00 GreatLIFE Member

\$100.00 EVENTS ONLY

Contact Russ Madsen

660-646-6900