



## 2022 TIPPECANOE LAKE CC CADDIE REGISTRATION

Name:	
Address:	
Home Phone:	Mobile Phone:
Email:	Date of Birth

Tell us about yourself: \_\_\_\_\_

Has Applicant Acquired Legal Driver's License? YES \_\_\_\_\_ NO \_\_\_\_\_

Work History: List below your past employers with most recent first

Employer:	Job Title:
Dates Employed:	
Supervisors Name:	Phone:
Reason For Leaving:	

Emergency Contact Name and Phone: \_\_\_\_\_

Are you willing to work: Early Morning \_\_\_\_ Late Evening \_\_\_\_ Weekends \_\_\_\_ Holidays \_\_\_\_

Are you currently employed? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been convicted of a crime? YES \_\_\_\_\_ NO \_\_\_\_\_

Do you have any previous caddying experience? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, where have you caddied? \_\_\_\_\_

### Photo Release:

I agree that Tippecanoe Lake Country Club may use photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, website, advertising, and/or Social Media.

\_\_\_\_\_ - Please Initial

### Medical Release Statement:

I, \_\_\_\_\_, Parent or Legal Guardian of \_\_\_\_\_  
a minor child, hereby authorize any Medical or Surgical treatment which may be necessary in an emergency, and in my absence, for the well-being of the  
above mentioned minor. I agree to hold Tippecanoe Lake Country Club, the physician, or the hospital treating the above mentioned minor, harmless.

Applicant Signature:	Date:
Parent's Signature: (If under the age of 18)	Date:

**IF YOU HAVE ANY FURTHER QUESTIONS.PLEASE FEEL FREE TO CONTACT [asstpro@tippylakeecc.com](mailto:asstpro@tippylakeecc.com)**