



**The Weston Golf Club
Independent Caddie Application**

Name: _____

Address: _____

Telephone: _____

E-Mail: _____

Date of Birth: __/__/__

Height: _____

Golfing Experience: _____(Y/N)

GHIN #: _____

Number of Rounds Last Year _____

Tournament Rounds _____

Please Describe Golf Experience: _____

Returning WGC Caddie : _____(Y/N)

Year Started at WGC: _____

Number of Loops in Previous Year: _____

Please Describe Caddie Experience: _____

Emergency Contact:

Name: _____ Relation: _____

Phone: _____ Cell: _____

Caddies are independent contractors and, such are not employees of Weston Golf Club. Tax reporting, if necessary, is the responsibility of the caddie. The undersigned has read this statement and further agrees to, in the event of accident or injury, to hold harmless Weston Golf Club, Inc., its officers, directors, members and employees.

Sign: _____ Date: _____

Name: (Please Print) _____

Parent or Guardian: _____