



PRESTWICK
COUNTRY CLUB

Caddie Application

Name: _____ DOB: _____

Address, City, State, Zip: _____

Caddie's Email (This is the primary line of communication to notify you of work)

Email: _____

Caddie's Phone (This is the phone number the Professional Staff will be using to contact you)

Phone: _____

EMERGENCY:

Name	Phone	Email
_____	_____	_____

Qualifying questions:

Do you play golf? _____

Do you watch golf? _____

Can you work Saturday and Sunday mornings through October? _____

Height _____ Weight _____

Prior Work/ Caddie Experience:

1 _____

2 _____

Member Reference:

1 _____

Name How do you know this person?

2 _____

Name How do you know this person?

Caddie application delivery methods- Mail, Email or bring in person to the golf shop

Primary Contacts: Jake Smith, 1st Asst. Golf Professional / Caddie Master jsmith@prestwickcc.com