



CHERRY HILLS COUNTRY CLUB
CADDIE REGISTRATION



RETURNING CADDIES

DATE: ___/___/___

CADDIE'S NAME: _____ AGE: ___ SEX: ___
Last First

E-MAIL _____

CELL# _____ CELL PHONE PROVIDER (Sprint, AT&T, Verizon, etc.) _____

PARENTS/ GUARDIANS NAME (ONLY IF YOUNGER THEN 18):

PARENTS/ GURADIANS CELL #: _____

HIGH SCHOOL/SCHOOL: _____ GRADE _____

CADDIE EXPERIENCE IN YEARS: _____ LOOPS PER YEAR: ___ RANK: ___

CADDIE JUMPSUIT SIZE: _____

How far do you live from Cherry Hills Country Club? _____

If a member needed a caddie at the last minute, how long would it take for you to get here? _____

I hereby acknowledge my responsibility towards the Cherry Hills Country Club. I will conduct myself in a proper manner and act with respect towards the Club Members, employees and property.

CADDIE'S SIGNATURE

PARENT'S / GUARDIAN'S SIGNATURE

PARENT'S / GUARDIAN'S SIGNATURE

**A hard copy of the application must be dropped off or sent to the Golf Shop
at Cherry Hills Country Club by March 1st, 2025.**

Flynn Makas
Caddie Manager
Cherry Hills Country Club
4125 S. University Blvd.
Cherry Hills Village, CO 80113
Phone: 303.350.5200
Email: fmakas@chcc.com