



SITE DIRECTOR APPLICATION



Site Location _____ Date Completed _____

APPLICANT INFORMATION

Name _____

Home address _____
City _____ State _____ Zip _____

Shipping Address _____
(No P.O. Boxes) City _____ State _____ Zip _____

Telephone number (home) _____ Fax number (home) _____

Employer Name _____ Title _____

Work address _____
City _____ State _____ Zip _____

Telephone number (work) _____ Fax number (work) _____

E-mail _____

Are you currently an LPGA member? _____ Class _____ ID# _____

Are you currently a PGA member? _____ Class _____ ID# _____

Are you currently affiliated with the USGA? _____

Have you been or are you currently a USGA For the Good of the Game grant supported program? _____

Are you a 501(c)(3) organization? Yes No

Other Affiliations/Associations _____

Describe your experiences relating to junior golf. _____

Why would you like to establish a program in your area? _____

How did you hear about the program? _____

For publication (Web site) purposes, please use my Home address and phone number
 Work address and phone number

CRITERIA

1. List instructors

Name _____ Phone _____ LPGA PGA

Name _____ Phone _____ LPGA PGA

2. LPGA-USGA Girls Golf Site host facility(s)

Facility name _____ Address _____ Contact name _____ Phone number _____

Facility name _____ Address _____ Contact name _____ Phone number _____

3. List any other USGA, Girl Scout, Hook A Kid On Golf, EWGA or other representatives who will be involved with your LPGA-USGA Girls Golf program.

Name _____ Affiliation _____ Phone _____

Name _____ Affiliation _____ Phone _____

4. Explain your fund raising strategies to generate the necessary \$1000-\$2000.

5. For press release purposes, please list two media outlets in your community (daily newspaper, weekly newspaper, etc.)

6. Check all that apply to describe the facility(s).

- Public, Driving Range, 18 Hole, Sand Bunkers, Daily Fee, Executive Course, Semi-Private, Putting Green, Par 3, Private, Chipping/Pitching Green, 9 Hole, Other

7. Check all that apply to define membership recruiting strategies.

- Girl Scouts of the USA, The First Tee, City Junior Golf Associations, YWCA, Community Service Centers, State Junior Golf Association, Parks & Recreation Departments, Hook A Kid On Golf, Schools, Church/Youth Groups, PAL, Other

8. List below coordinators, volunteers, members of golf associations/organizations, etc., willing to become committee or advisory board members.

Name _____ Phone _____
Name _____ Phone _____
Name _____ Phone _____

9. Please list any questions or concerns you may have.

APPLICANT ACKNOWLEDGEMENT

10. As an LPGGA-USGA Girls Golf Site Director, I understand that:

- I am responsible for setting up and overseeing all aspects of the local program including communication with the national office about proper procedures for the program.
The LPGGA-USGA Girls Golf program and its materials are copyrighted and any unauthorized changes to the program are prohibited by law.
This program will be called and advertised as LPGGA-USGA Girls Golf of (city, state).
I will read the entire LPGGA-USGA Girls Golf Operations Manual and inquire about any questions that I might have about the program.

11. I, an applicant for an LPGGA-USGA Girls Golf Site Director position, hereby attest that I have never been found guilty of, or entered a plea of guilty or nolo contendere (i.e., no contest) or guilty to a crime determined to be a misdemeanor or felony. I further attest that I have never been judicially determined to have committed abuse or neglect against a child. Under penalty of perjury, I attest that I have read the foregoing and the facts alleged are true to the best of my knowledge and belief:

Applicant

OR My record may contain one or more of the foregoing disqualifying acts or offenses, as described on an attachment to this application.

Applicant

Note: Your signature must be notarized for your application to be considered.
Sworn to and subscribed before me
this _____ day of _____, 20____
My commission expires _____
Notary _____

REFERENCES

Please list two references:

Business: Name _____ Company _____

Phone _____ Title _____

Personal (no relation): Name _____ Phone _____

FOR LPGGA OFFICE USE ONLY

Date received in LPGGA Office _____ [] Approved [] Disapproved

Please return original form to: LPGGA Headquarters • Attn: Sherry Greene
100 International Golf Drive • Daytona Beach, FL 32124
Phone (386) 274-6221 • Fax (386) 274-1099