

Marathon Classic presented by Owens Corning & O-I

Caddy Registration Form

Lunch Provided by:



Completely fill out this form and return it by **June 30, 2017** to your Caddy Master or mail to:
Marathon Classic
4405 Dorr Street, Toledo, OH 43607

NOTE: Completing an application does not guarantee a spot in the tournament & a T-shirt will be provided if accepted. All caddies accepted will receive details about opportunities to participate one week prior to the tournament.

<input type="checkbox"/> Monday Morning July 17 PNC Pro-Am <input type="checkbox"/> Monday Afternoon July 17 ProMedica/Hylant Pro-Am	<input type="checkbox"/> Wednesday Morning July 19 Buckeye Broadband Pro-Am	<input type="checkbox"/> Wednesday Afternoon July 19 Buckeye Broadband Pro-Am
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Caddies Name		Age
Home Address		
City	State	Zip
Email		
Home Phone	Cell Phone	
Home Course		
Marathon Classic Experience		
Do you have a golfer that you will be a caddy for?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, when?	Can you carry double if need be? Yes No	
Parents'/Guardians' Name(s)		
Parent's Phone		
Emergency Contact Instructions		

I am applying to be a caddy. I understand that as a caddy I assume all risks and dangers incidental to the game of golf, including the risk of being struck by misdirected golf shots and release the Marathon Classic, the LPGA, Highland Meadows Golf Club, Sponsors and all agents thereof from liability resulting from participation in this event. If accepted as a caddy I give my permission to use my picture or video recording for promotional purposes, and to use my address for future mailings concerning the tournament.

Caddy Signature _____ Date _____

If caddy is a minor, this form requires a parent's or guardians' signature.

I, the parent or guardian of the caddy listed above, hereby give permission that they caddy in the selected Pro-Am. I understand the nature of the activity that my child is registering for and give my permission for all the following: 1) To Be A Caddy 2) Receive emergency medical treatment should need arise. 3) Use my child's picture or video recording for promotional purposes. And 4) Use my child's address for future mailings. I further acknowledge that if my child has any special needs or medical conditions they are listed on the application.

Parent's or Guardians' Signature _____ Date _____

Caddies to Be Dropped Off at Pacesetter Park Just West of the Course