



2012 Saskatchewan Summer Games Golf Manager

Manager / Coach Information

Name: _____ Last Name: _____

Age: _____ Date of Birth (Day/Month/Year): _____

Are you a member of Golf Saskatchewan? (Yes or No) _____

City / Town: _____

Address: _____

Postal Code: _____

Home Phone Number: _____ Cell Phone Number: _____

By filling out this form and signing this document the participant intends to participate in the 2012 Saskatchewan Summer Games as a Manager.

Signature: _____

Once we are notified that you are interested in becoming a manager for your sports district we will require a criminal background check. Are you prepared to get one if you are selected to represent your sports district?

Yes or No _____

Thank you for your interest and support for golf in the 2012 Saskatchewan Summer Games!
Please send your application form to the address below by July 1st.

Yours in golf,

Phil Grosse

Manager of Marketing and Sport Development

Golf Saskatchewan, 510 Cynthia Street, Saskatoon, SK. S7L 7K7

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