



Golf Individual Skills Registration Form

Local Program Name: _____

Local Program Coordinator: _____

List of Coaches

Last Name	First Name	Type	Cell Phone	Email Address	Current Volunteer Form on file with SOWY?		
					Yes	No	Not Sure
		Head Coach			Yes	No	Not Sure
		Assistant Coach			Yes	No	Not Sure
		Assistant Coach			Yes	No	Not Sure
		Assistant Coach			Yes	No	Not Sure

Note: Please submit updated Athlete, Unified Sports Partner and Coach/Chaperone forms if missing from SOW Y records.

Individual Skills Entry Only

Last Name	First Name	Date of Birth	Gender	Individual Skill	Score	Total
				Long Putt		0
				Short Putt		
				Chip Shot		
				Iron Shot		
				Wood Shot		
				Long Putt		0
				Short Putt		
				Chip Shot		
				Iron Shot		
				Wood Shot		
				Long Putt		0
				Short Putt		
				Chip Shot		
				Iron Shot		
				Wood Shot		
				Long Putt		0
				Short Putt		
				Chip Shot		
				Iron Shot		
				Wood Shot		