Golf (Level 1) Indvidual Skills

INSTRUCTIONS: Please Read Carefully Before Filling Out This Form.

1. Each athlete is *REQUIRED* to have a *QUALIFIYING SCORE* listed on this form.
2. QUALIFYING SCORE = Sum of scores for the (7) individual golf skills.
3. Make sure the form is filled out completely. (DOB and GENDER are required fields).

TRAINING CLUB:

ATHLETE INFORMATION		DATE OF BIRTH	GENDER	QUALIFYING SCORE	COVID Vaccination Y/N?
LAST NAME	*FIRST NAME*	*MM/DD/YY*	*M OR F*		

COACHES INFORMATION		DATE OF BIRTH	GENDER	PHONE	EMAIL
LAST NAME	*FIRST NAME*	*MM/DD/YY*	*M OR F*	XXX-XXX-XXXX	

***Please take a moment to review your registration for accuracy. If you have any questions please contact the regional office at: (585)586.7400**

Golf (Level 2) Unified Alternate Shot Team - 9 hole

INSTRUCTIONS: Please Read Carefully Before Filling Out This Form.
1. Each team will consist of one athlete and one special partner.
2. Each team is REQUIRED to provide scores from their previous (8) rounds of golf. Qualifying Scores should include your team score for 9 holes and the par for the course that you played (i.e... 27 or 36).
3. Make sure the form is filled out completely. DOB and GENDER are required fields.

TRAINING CLUB:

ATHLETE/PARTNER INFORMATION		DOB	GENDER	COVID Vaccination	QUALIFYING SCORES															
					ROUND 1 (9 HOLES)		ROUND 2 (9 HOLES)		ROUND 3 (9 HOLES)		ROUND 4 (9 HOLES)		ROUND 5 (9 HOLES)		ROUND 6 (9 HOLES)		ROUND 7 (9 HOLES)		ROUND 8 (9 HOLES)	
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	Y/N?	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*

COACHES INFORMATION		DOB	GENDER	COVID Vacc.	PHONE	EMAIL
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	Y/N?	*XXX-XXX-XXXX*	

***Please take a moment to review your registration for accuracy. If you have any questions please contact the regional office at: (585)586.7400**

Golf (Level 3) 9-Hole Individual Stroke Play

INSTRUCTIONS: Please Read Carefully Before Filling Out This Form.

1. Each athlete must be capable of playing INDEPENDENTLY.
2. Each Athlete must be able to walk the entire NINE-hole round.
3. Each athlete is REQUIRED to provide scores from their previous (8) rounds of golf. Qualifying Scores should include your team score for 9 holes and the par for the course that you played (i.e... 27 or 36).
4. Make sure the form is filled out completely. (DOB and GENDER are required fields).

TRAINING CLUB:

ATHLETE INFORMATION		DOB	GENDER	COVID Vaccination	QUALIFYING SCORES															
					ROUND 1 (9 HOLES)		ROUND 2 (9 HOLES)		ROUND 3 (9 HOLES)		ROUND 4 (9 HOLES)		ROUND 5 (9 HOLES)		ROUND 6 (9 HOLES)		ROUND 7 (9 HOLES)		ROUND 8 (9 HOLES)	
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	Y/N?	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*

COACHES INFORMATION		DOB	GENDER	COVID Vacc.	PHONE	EMAIL
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	*Y/N?*	*XXX-XXX-XXXX*	

Golf (Level 4) Unified Alternate Shot Team - 18 hole

INSTRUCTIONS: Please Read Carefully Before Filling Out This Form.
1. Each team will consist of one athlete and one special partner.
2. Each team is REQUIRED to provide scores from their previous (8) rounds of golf. Qualifying Scores should include your team score for 18 holes and the par for the course that you played.
3. Make sure the form is filled out completely. DOB and GENDER are required fields.

TRAINING CLUB:

ATHLETE/PARTNER INFORMATION		DOB	GENDER	COVID Vaccination	QUALIFYING SCORES															
					ROUND 1 (18 HOLES)		ROUND 2 (18 HOLES)		ROUND 3 (18 HOLES)		ROUND 4 (18 HOLES)		ROUND 5 (18 HOLES)		ROUND 6 (18 HOLES)		ROUND 7 (18 HOLES)		ROUND 8 (18 HOLES)	
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	Y/N?	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*

COACHES INFORMATION		DOB	GENDER	COVID Vacc.	PHONE	EMAIL
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	Y/N?	*XXX-XXX-XXXX*	

***Please take a moment to review your registration for accuracy. If you have any questions please contact the regional office at: (585)586.7400**

Golf (Level 5) 18-Hole Individual Stroke Play

INSTRUCTIONS: Please Read Carefully Before Filling Out This Form.

1. Each athlete must be capable of playing INDEPENDENTLY.

2. Each Athlete must be able to walk the entire EIGHTEEN-hole round.

3. Each athlete is REQUIRED to provide scores from their previous (8) rounds of golf. Qualifying Scores should include your team score for 18 holes and the par for the course that you played (i.e... 71 or 72).

4. Make sure the form is filled out completely. (DOB and GENDER are required fields).

TRAINING CLUB:

ATHLETE INFORMATION		DOB	GENDER	COVID Vaccination	QUALIFYING SCORES															
					ROUND 1 (18 HOLES)		ROUND 2 (18 HOLES)		ROUND 3 (18 HOLES)		ROUND 4 (18 HOLES)		ROUND 5 (18 HOLES)		ROUND 6 (18 HOLES)		ROUND 7 (18 HOLES)		ROUND 8 (18 HOLES)	
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	Y/N?	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*	*SCORE*	*PAR*

COACHES INFORMATION		DOB	GENDER	COVID Vacc	PHONE	EMAIL
LAST NAME	*FIRST NAME*	*MM/DD/YYYY*	*M OR F*	*Y/N?*	*XXX-XXX-XXXX*	