

Sephlin Foundation

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Application Form

Fill out the form carefully

Student Name

First

Middle

Last

School Attending:

How old your child will be when they start out the school year:

Parents / Guardian Name

First

Middle

Last

Address:

Street Address

City

State

State / Province

Zip / Postal Code

Country

Contact information

Student E-mail

Student Phone Number

Parent E-mail

Parent Phone Number

Activity information

Golf Experience:

Beginner

Intermediate

Advanced

Does your child have any disabilities/special needs?

Yes

No

If yes, please provide details:

Verification

Parent Signature

Student Signature

Date

