

2026 Golf Team Registration Form

To be completed by the school principal/AD and the golf coach.

School Name:	
City:	Zip:
Name of School Principal or AD Completing Fo	orm:
E-mail address of above:	
Name of golf coach approved by the Principal	or AD:
Coach's E-mail Address:	Cell:
Name of Assistant Coach:	Cell:
Which of the following divisions will be compe	eting? Please fill the appropriate line(s) below.
Boys Team (4 or more players)	OR The number of boys participating (3 or less):
Girls Team (2 or more players)	OR One girl participating:
As the Head Coach, I agree to schedule initial	e at least 5 matches for my team(s)
I, the undersigned, agree that I have answered	these questions truthfully and to the best of my ability.
School Principal/AD (Signature)	School Golf Coach (Signature)
Date	Date

This Form is due January 7, 2026
Or late fees will apply

Please email the completed form to TMSGA@tngolf.org or fax to 615.790.8600. Call the TGF Junior Golf Office at 615.790.3336 with any questions.



