

Fall Junior Golf Program Registration Form

Junior's Ages 5 to 8

JUNIOR NAME: _____ MALE/FEMALE

MAILING ADDRESS: _____

CITY & PROVINCE _____ POSTAL CODE: _____

BIRTHDATE (MM/DD/YY): _____ AGE: _____

YEARS OF GOLF EXPERIENCE: _____ OWN GOLF CLUBS: (Y) / (N)

MEDICAL CONDITIONS OR CONCERNS:

PARENT/GUARDIAN NAME(S):

PARENT/GUARDIAN CONTACT INFORMATION:

PHONE NUMBER:

(H) _____ (C) _____

E-MAIL: _____

SECONDARY CONTACT NAME AND CONTACT (FOR EMERGENCIES ONLY)

(H) _____ (C) _____

PARENT/GUARDIAN SIGNATURE: _____

Cost: \$120.00 plus GST

Wednesday's – September 18th and 25th / October 2nd and 9th – Time: 4:00 pm to 5:00 pm

Group Size: 6 Maximum / 3 Minimum

Any applicant who sign up after the group is filled will be placed on a waitlist for the possibility of an additional grouping. Also, we will need to have at least 3 or more juniors participate in running any particular camp. We will try our best to get your junior(s) into a different camp if the camp they signed up for will not be running due to not making the minimum required number of participants.