



2021 Junior Golf Registration Form

JUNIOR NAME _____ AGE: _____

PARENT/GUAURDIAN NAME: _____

PARENT/GUARDIAN EMAIL: _____

PARENT/GUARDIAN PHONE: _____

Own Clubs: yes _____ no _____

Hand: right _____ left _____

Previous Camp / Course : yes _____ no _____

Experience details: _____

MEDICAL INFORMATION

Please list any medical conditions:

Please list any allergies:

Emergency Contact Name: _____

Emergency Contact Phone: _____



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CAMP: \$225.00 _____

CLINIC UNDER 6 YEARS OLD: \$80.00 _____

CLINIC OVER 6 YEARS OLD: \$100.00 _____

START DATE OF CLINIC OR CAMP _____