

Junior Golf Program
Elkview Country Club
2017

Member Name: _____

Member Number: _____

E-Mail Address: _____

Phone Number: _____

Address: _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Session #1 Wednesdays: June 21, June 28, July 19, July 26 (Rain date August 2)
(9:15-10:00 Pee Wee; 10:30 – 11:45 Juniors)

Session #2 Sundays: July 9, July 23, July 30, August 6 (Rain date August 20)
(1:00-1:45 Pee Wee; 2:15 – 3:30 Juniors)

Session Choice
Please Check the Appropriate Box

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

Child's Name: _____ Age: _____

| Session #1 | Session #2 | Both |
|-------------------------------|-------------------------------|--------------------------------|
| \$75 <input type="checkbox"/> | \$75 <input type="checkbox"/> | \$125 <input type="checkbox"/> |
| Session #1 | Session #2 | Both |
| \$75 <input type="checkbox"/> | \$75 <input type="checkbox"/> | \$125 <input type="checkbox"/> |
| Session #1 | Session #2 | Both |
| \$75 <input type="checkbox"/> | \$75 <input type="checkbox"/> | \$125 <input type="checkbox"/> |
| Session #1 | Session #2 | Both |
| \$75 <input type="checkbox"/> | \$75 <input type="checkbox"/> | \$125 <input type="checkbox"/> |

Cell Phone number to send text to in case of cancellation of clinic due to rain. _____