

2009 Junior Golf Registration

Please fill out completely.

Child's Name _____

Child's Age _____

Parent's Name _____

Parent's Address _____

Parent's Phone _____

In Case of Emergency Phone _____

E-mail Address _____

Does your child have experience playing the game of golf? Yes _____ No _____

Does your child have allergies? Yes _____ No _____

If "Yes", please explain: _____

Thank you,

David A. Dent
Head Golf Professional

I look forward to meeting the juniors and parents.