

**2010  
JUNIOR GOLF PROFILE & REGISTRATION**

**Student's Name** \_\_\_\_\_ **Age** \_\_\_\_\_

**Name of Parent or Guardian** \_\_\_\_\_

**Address** \_\_\_\_\_  
\_\_\_\_\_

**E-Mail:** \_\_\_\_\_  
(Note: we will be sending reminders & information by e-mail)

**Telephone:** \_\_\_\_\_

**Emergency Contact Name & Phone #** \_\_\_\_\_

**Do you have your own equipment?** \_\_\_\_\_

**Previous Golf Experience?** \_\_\_\_\_

**Do you have any known allergies?** \_\_\_\_\_

**PROGRAM & SESSION (check interest):**

___	After School Program (May 11,12,13) 4:30 pm-6:00 pm	\$100.00
___	After School Program (May 18,19,20) 4:30 pm-6:00 pm	\$100.00
___	Golf Clinic (July 6,8,13,15,20,22) 8:30 am-10:00 am	\$175.00
___	Golf Clinic (same dates) 10:30 am -12:00 noon	\$175.00
___	Aug. Mini Clinic (Aug. 3,4,5) 8:30 am-10:00 am	\$100.00
___	Aug. Mini Clinic (Aug. 10,11,12) 8:30 am-10:00 am	\$100.00

I agree that I will not hold the program, instructor or Makray Memorial Golf Club responsible for any injuries received while participating in the above program. I understand that there are inherent risks involved in any sport and I certify, by my signature, that I (or my child) am physically capable of participating in this program. I agree that my child will adhere to all rules and policies set forth by the Junior Golf Committee and Professional Staff.

**Parent's signature:** \_\_\_\_\_ **Date paid:** \_\_\_\_\_

**Form of Payment:**

**Credit Card #** \_\_\_\_\_ **Exp. Date** \_\_\_\_\_

(Note: Credit card # will be held and account charged around the date of the clinic).

**Cash** \_\_\_\_\_ **Check:** \_\_\_\_\_

(Make checks payable to Don Habjan)

**Contact us at:** Makray Memorial Golf Club, Golf Shop 381-6500

**Website:** [www.makraygolf.com](http://www.makraygolf.com)