

2017 SUMMER JUNIOR

GOLF CLINIC REGISTRATION

{Deadline May 15, 2017}

FULL NAME: _____

ADDRESS: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE #: _____

PLEASE CHECK WHICH CLINIC(S) GOLFER WILL BE ATTENDING

Session 1 AGES 7-10 CHECK BOX AGES 11-15 CHECK BOX COST

JUNE 12 - 14 9 - 10:30 AM

JUNE 19 - 21 9 - 10:30 AM

JUNE 26 - 28 9 - 10:30 AM

JULY 10 - 12 9 - 10:30 AM

SESSION 2 AGES 7-10 CHECK BOX AGES 11-15 CHECK BOX COST

JULY 17 - 19 9 - 10:30 AM

JULY 24 - 26 9 - 10:30 AM

JULY 31 - AUGUST 2 9 - 10:30 AM

AUGUST 7 - 9 9 - 10:30 AM

PLEASE SEND REGISTRATION WITH CHECK OR CASH TO NORTH KENT GOLF COURSE

11029 STOUT ROAD ROCKFORD, MI 49341

\$60 FOR WEEKLY SESSION OR \$220 FOR 4 WEEK SESSIONS