

2025 Jr. Clinic Registration Form

NAME:	DOB:
PARENT/GUARDIAN NAME:	
EMAIL:	PHONE:
EMERGENCY CONTACT:	
EMERGENCY CONTACT PHONE: PREVIOUS EXPERIENCE:	
Select you	CLINIC DATES r clinic dates and age division below.
	Session #1
	Wednesday, June 11th - Putting
	Wednesday, June 18th - Short Game
□ We	ednesday, June 25th - Full Swing Irons
□ We	ednesday, July 2nd - Full Swing Drivers Session #2
	☐ Wednesday, July 16th - Putting
	Wednesday, July 23rd - Short Game
□ W	ednesday, July 30th - Full Swing Irons
☐ Wed	dnesday, August 6th - Full Swing Drivers
· ·	ubject to change depending on participation)
	3 5 - 7 Years :: 8:30 am - 9:00 am
_	8 - 9 Years :: 9:15 am - 10:00 am
	10 - 12 Years :: 10:15 am - 11:00 am

COST PER CLINIC: \$20 | SCHEDULE ALL FOUR IN A SESSION: \$75 Pay by cash, check*, or credit card (3% processing charge)