

2010 Junior Golf Application

Name: _____

Birthdate: _____ Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone*: _____ Email: _____

*Please include # to be reached at in case of emergency

Group Choice: _____ (See page 1)

T-Shirt Size: Youth: M L (Please circle one)

Men's: S M L XL

Payment Method: Credit Card Check (Made payable to High Cliff)

Cash or High Cliff Gift Certificate

Credit Card #: _____ Exp: _____ / _____
(Month) (Year)

Comments:

Please return application (1 per child) and payment to:

High Cliff Golf Course
W5055 Golf Course Road
Sherwood, WI 54169