

# Junior Golf Application

Name: \_\_\_\_\_

Birthdate: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone\*: \_\_\_\_\_

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

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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 Shamrock Heights)

Cash or Shamrock Heights Gift Certificate

Credit Card #: \_\_\_\_\_ Exp: \_\_\_\_\_ / \_\_\_\_\_  
(Month) (Year)

Comments:

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

Shamrock Heights Junior Golf  
N5525 Old Hwy 45  
New London, WI 54961