

SHAMROCK HEIGHTS GOLF COURSE

Junior Golf Registration Form

Childs Name _____

Birthdate / Age _____

<i>Birthdate</i>		<i>Age</i>	
<i>Address</i>			
<i>City / State / Zip</i>			
<i>Notes</i>			

Group Choice	Eagles (suggested age 12-17)	Birdies (suggested age 9-12)	Pars (suggested age 6-9)
I give permission for my child _____ to participate in the Jr Golf Program at Shamrock Heights. Payment Cash Check # Credit Card No. / Exp. Month / Year			
In case of an emergency, I give permission for my child to receive medical treatment. In case of such an emergency, please contact:			
Name _____		Phone _____	
Parent/Guardian Signature _____		Date _____	