

JUNIOR GOLFER SIGN-UP FORM

NAME _____

AGE _____ **SCHOOL** _____

PARENT(S) _____

ADDRESS _____

PHONE _____

E-MAIL _____

CIRCLE YOUR CHOICE:

TUES 18-HOLE
\$130

TUES 9-HOLE
\$90

THURS CLINIC
\$100

SPRING LEAGUE
\$220

CIRCLE PAYMENT OPTION:

CASH

CHECK

CREDIT CARD

CARD # _____

EXP. DATE ____/____

JUNIOR PROGRAM WAIVER FORM

In signing below, I hereby state that my child is in good health and allowed to participate in Fox Hollow Golf Club's Junior Golf Programs. I will also waive any responsibility of the instructors, volunteers, or Fox Hollow Golf Club should an injury or accident occur while he/she is participating in this program.

Parent Signature:

Please make checks payable, and return this completed form, to:

Fox Hollow Golf Club

Attn: Junior Golf

4780 Palmgren Lane NE

St. Michael, MN 55376

SUGGESTIONS PLEASE...

If you have any questions, comments, or suggestions about the junior golf programs at Fox Hollow, please direct your calls to Head Professional Eric Larson.

Golf Shop: 763-428-4468 ext. 7

Eric's Office: 763-428-4468 ext. 3

NOTES:

