

**JUNIOR GOLFER SIGN-UP FORM**

**NAME** \_\_\_\_\_

**AGE** \_\_\_\_\_ **SCHOOL** \_\_\_\_\_

**PARENT(S)** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

\_\_\_\_\_ **ZIP** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**E-MAIL** \_\_\_\_\_

**CIRCLE YOUR CHOICE:**

<b>THUR. CLINIC</b>	<b>HYBRID LEAGUE</b>
<b>\$100</b>	<b>JUNE--\$75</b>
	<b>JULY--\$75</b>

<b>TUE. 9-HOLE</b>	<b>SPRING LEAGUE</b>
<b>\$80</b>	<b>BOYS--\$200</b>
	<b>GIRLS--\$150</b>

**CIRCLE PAYMENT OPTION:**

**CASH**                      **CHECK**

**CREDIT CARD**

**CARD #** \_\_\_\_\_

**EXP. DATE** \_\_\_\_/\_\_\_\_ **CVV#** \_\_\_\_\_

**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

Or email completed form to:  
**eric@foxhollowgolf.net**

**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