



Junior Golf Clinic
Registration Form
June 15th 22nd & 29th
July 6th, 13th & 20th

Junior Name: _____ Age: _____

Parents Name: _____ Shirt Size: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Daytime Phone # _____ Nighttime Phone# _____

Emergency Contact: _____ Phone# _____

Member (child/grandchild) \$70 Fee _____ Non-Members \$90 Fee _____

Amount Enclosed: _____

We do hereby consent and agree that it is satisfactory for our minor (Son / Daughter) _____ to take part in the Scotch Valley Junior Golf Clinic, and we do not hold any person connected with the clinic individually or collectively responsible for any liability for bodily injury or any other damage or loss sustained while participating in the Scotch Valley Junior Clinics.

Signature: _____

Date: _____

(Limited to First 60 Applicants)

Send signed and completed applications to:

Scotch Valley Country Club – C/O Junior Clinics
18 Clubhouse Drive
Hollidaysburg, Pa 16673

Any questions please contact:

PGA Golf Professional D.R. Long
at the Scotch Valley Golf Shop at 695-1478