



Junior Golf Clinic  
Registration Form  
June 16<sup>th</sup> 23<sup>rd</sup> & 30<sup>th</sup>  
July 7<sup>th</sup>, 14<sup>th</sup> & 21<sup>st</sup>

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