



# THE LAKES GOLF CLUB

## JUNIOR GOLF PROGRAM REGISTRATION FORM

DATE: \_\_\_\_\_

PARTICIPANTS NAME: \_\_\_\_\_

BIRTHDAY: \_\_\_\_\_

PARTICIPANTS ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

METHOD OF PAYMENT:      VISA      MASTERCARD      DEBIT      CASH      ACCOUNT

CREDIT CARD #: \_\_\_\_\_

EXPIRY DATE: \_\_\_\_\_      NAME ON CARD: \_\_\_\_\_

CARD HOLDERS/ACCOUNT SIGNATURE: \_\_\_\_\_

CAMP/ CLINIC DATE REQUESTED: \_\_\_\_\_