

White Eagle Golf Club

2017 Junior Golf Program Registration Form

Child's Name _____ Age _____

Address _____

City _____

Session 1 (8:30-9:30) _____ Session 2 (9:45-10:45) _____

Years playing golf _____

Parent's email _____ Parent's Phone # _____

I am the parent/guardian for _____, who agrees to abide by all the rules set forth while participating in White Eagle's Junior Program. I will not hold White Eagle Golf Club responsible for accidents or injuries that occur during the junior program.

Signature

Print Full Name

Make Checks payable to: Scott Landin

Mail registration form to:
White Eagle Golf Club
316 White Eagle Trail
Hudson, WI 54016

Or email to: scott@whiteeaglegolf.com