

White Eagle Golf Club

2019 Junior Golf Program Registration Form

Child's Name _____ Age _____

Address _____

City _____ Zip Code _____

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

Years Playing Golf _____

Parent's Email _____ 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 or it's Instructor's responsible for accidents or injuries that may occur during the Junior Program.

Parent/Guardian Signature

Printed Name

2019 Camp Dates are June 12,19,26 July 10,17,24 (No camp on July 3)

Make checks payable to White Eagle Golf Club or Scott Landin

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

Or email to scott@whiteeagleolf.com