

White Eagle Golf Club

2020 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

2020 Camp Dates are June 17, 24, July 1, 8, 15, 22

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