



## Augustine Golf Club – Spring Junior Clinic

### Registration Form

Please check the box of which clinic (s) that you wish to enroll your junior golfer in. Please note that each clinic is limited to the first sixteen (16) children who register.

\_\_\_\_\_ Clinic 1 – Saturday – April 7<sup>th</sup>, April 14<sup>th</sup>, April 21<sup>st</sup>, and April 28<sup>th</sup>

\_\_\_\_\_ Clinic 2 – Saturday – May 5<sup>th</sup>, May 12<sup>th</sup>, May 19<sup>th</sup>, and May 26<sup>th</sup>

Total Cost \_\_\_\_\_ = # of clinics \_\_\_\_\_ x \$60

Name: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_ City / State / Zip: \_\_\_\_\_

DOB: \_\_\_ / \_\_\_ / \_\_\_\_\_ Sex: M F

Name of Parent / Guardian: \_\_\_\_\_  
First Last

Relationship to Child \_\_\_\_\_ Work # \_\_\_\_\_

Home # \_\_\_\_\_ Cell # \_\_\_\_\_

Does your child have any allergies or special needs? If so, please list below:

---

---

Child has played:   \_\_\_ No golf       \_\_\_ A little golf   \_\_\_ A lot of golf

Child has Clubs:   \_\_\_ Yes   \_\_\_ No

We accept cash, credit cards or checks. Please make checks payable to:

**Augustine Golf Club**

76 Monument Drive, Stafford, VA 22554

Payment is required to register. To fulfill this registration, please send in the completed registration and waiver form along with your payment. Completed forms are necessary for each individual camper.

For Internal Use Only:			
Total Amount Received: \$	_____	Cash    Credit Card	Check # _____
Date Received:	____ / ____	Sales Invoice #	_____
Employee Name	_____		