



JUNIOR GOLF REGISTRATION FORM

JULY 26th through JULY 29th, 2010

6:00 pm to 7:30 pm

AGES: 8 – 15

COST - \$25.00 first family member and \$10.00 each additional family member.

Child #1

Child #2

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

AGE: _____

AGE: _____

CIRCLE ONE: Play experience

CIRCLE ONE: Play experience

Beginner or Intermediate or Experienced

Beginner or Intermediate or Experienced

I authorize the township event staff to give consent for emergency medical treatment for my child/children whose names appear above for any injuries/illnesses that may occur during this event and hold the event staff harmless from any matters that may result from their exercise of consent for such treatment as may be required under circumstances that may arise.

Signature of Parent/Legal Guardian

Date

In case of an Emergency – Contact:

NAME: _____ Relationship to participant(s) _____

ADDRESS: _____

PHONE: _____ CELL #: _____

Return Form & Payment To:

Londonderry Township, 783 S. Geyers Church Rd., Middletown, PA 17057