



2018 Junior Clinic REGISTRATION



July 10th – July 26th
Instructed By: Matt Levins

CHILD'S NAME _____

CHILD'S AGE (6 – 13 years old) _____ DATE OF BIRTH _____

ADDRESS _____

PREFERRED PHONE # _____ ALT. PHONE # _____

EMAIL ADDRESS _____

EMERGENCY CONTACT

PARENT/GUARDIAN NAME _____

WORK NUMBER _____ CELL NUMBER _____

I give permission for my child to participate in the Junior Golf Clinic from
July 10, 2018 to July 26, 2018.

PARENT/GUARDIAN SIGNATURE

DATE

Please Make Checks Payable to Matt Levins. Have them sent to
Rochester Country Club along with this Registration Form.
PO Box 7369 - 94 Church St. Rochester, NH 03839

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