



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 ten (10) children who register.

_____ Clinic 1 – Tuesday(s) – April 4th, April 11th, April 18th & April 25th

_____ Clinic 2 – Thursday(s) – April 6th, April 13th, April 20th & April 27th

_____ Clinic 3 – Tuesday(s) – May 2nd, May 9th, May 16th & May 23rd

_____ Clinic 4 – Thursday(s) – May 4th, May 11th, May 17th & May 25th

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	_____		