



JUNIOR PROGRAM REGISTRATION SHEET 2019

Junior Golfer's Name: _____

Returning Player: Yes or No

Parent/Guardian's Name: _____

Phone Number: _____ Cell _____

Email Address: _____

Emergency Contact Name: _____

Emergency Contact Number: _____ Cell _____

Child's Age: _____ Date of Birth: _____

Food Allergies: _____

Medical Conditions: _____

Home Address: _____

Payment Method: _____

Parent/Guardian's Signature: _____ Date: _____

CONTACT : Adam Herbeson, Director of Operations, Indian Lake Golf Club

EMAIL: clubhouse@indianlakegolfcourse.ca

PHONE: (902) 876-8844

Payment due by May 31st, 2019 to secure your spot.

Disclaimer: Indian Lake Golf Course is not responsible for any accident or incident that may cause any harm to the child and is not responsible for any lost or stolen articles.