

PHOENIXVILLE AREA JUNIOR GOLF PROGRAM
2011 REGISTRATION FORM

NAME: _____

ADDRESS: _____

PHONE: _____

AGE: _____
AS OF MAY 1, 2011

REGISTRATION FEE: \$20.00 DUE WITH REGISTRATION MAKE CHECKS PAYABLE TO: PHOENIXVILLE AREA JUNIOR GOLF PROGRAM
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My son/daughter has my approval to participate in the Phoenixville Area Junior Golf Program. It is my understanding that in the event of any injury to my son/daughter while participating in the program, I will be responsible for any expenses.

PARENT or GUARDIAN'S NAME: _____

SIGNATURE OF PARENT/GUARDIAN: _____

RELATIONSHIP: _____

DATE: _____

PERSONS TO CONTACT IN THE EVENT OF AN EMERGENCY

NAME: _____ TELEPHONE: _____

NAME: _____ TELEPHONE: _____

FAMILY PHYSICIAN: _____

COMMITTEE USE ONLY REGISTRATION FEE RECEIVED ON: _____ BY: _____
