



2016 Golf After School Program – Registration Form (Ages 7 to 18 year olds)

*Fax completed application to the Golf Shop at 613 271 3372 or scan/email to golf.academy@marshesgolfclub.com
A confirmation of receipt will be sent to the applicant*

Golfer Information

Name: _____

Date of Birth: _____ Age: _____

School: _____

Parents/Guardian: Please list the guardians who are entitled to pick up your junior camper(s) along with their best day contact number:

1) _____ Phone # _____

2) _____ Phone # _____

Email Address: _____

Will golf clubs be needed? **Yes/No** Righthand/Lefthand Golfer's ability? **Beginner/ Novice/ Experienced**

Does your child have any medical conditions? _____

Program Information

Spring Program - Tuesday 4:00 pm to 6:00 pm
May 14th, May 21st, May 28th, June 5th and June 12th

Fall Program - Tuesday 4:00 pm to 6:00 pm
September 13th, September 20th, September 27th, October 4th and October 11th

\$295.95 + HST per program per student

Debit ____ Credit Card: Visa ____ Mastercard ____ American Express ____ Cheque ____ Cash ____

Card Number _____

Expiry Date _____ CVS _____ Name on Card _____

Signature _____ Date _____