

Junior Golf Sign Up Form

Student Information

Golfer's Name (First and Last)	
Golfer's Age	
Does golfer have their own clubs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Parent Information

Parent's Name	
Phone Number	
Email	

Weeks Attending

Weeks Attending	
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Days Attending

Days Attending (pick two)	<input type="checkbox"/> M – 1:30 to 2:30 pm
	<input type="checkbox"/> T – 9 to 10 am
	<input type="checkbox"/> W – 1:30 to 2:30 pm
	<input type="checkbox"/> Th – 9 to 10 am

ASD can be billed directly. If you choose to do so, please check here

If you are choosing to pay out of pocket, please submit your credit card information below

Credit Card Number	
Expiration Date	