



# 2020 SUMMER JUNIOR GOLF CLINIC REGISTRATION FORM

NAME OF CHILD:	AGE:
PARENT EMAIL:	PHONE #:

*\*Please use one form per child.*

AGES	TIME	Member Price Week/Day	Regular Price Week/Day
11 to 14	8:15 - 9:45 am	\$70/\$40	\$80/\$45
8 to 10	10:00 - 11:00 am	\$50/\$30	\$60/\$35
5 to 7	11:15 - 11:45 am	\$30/\$15	\$40/\$20

PLEASE INDICATE WHICH DAYS THE JUNIOR  
WILL BE ATTENDING

Week	Day One	Day Two	Day One	Day Two
WEEK #1	Thursday, June 25th	Friday, June 26th		
WEEK #2	Thursday, July 2nd	Friday, July 3rd		
WEEK #3	Wednesday, July 8th	Thursday, July 9th		
WEEK #4	Thursday, July 16th	Friday, July 17th		
WEEK #5	Thursday, July 23rd	Friday, July 24th		
WEEK #6	Thursday, July 30th	Friday, July 31st		
WEEK #7	Thursday, August 6th	Friday, August 7th		
WEEK #8	Wednesday, August 12th			NO CLINIC
WEEK #9	Thursday, August 20th	Friday, August 21st		

*Please drop off completed form to the golf shop or email to [smaher@pga.com](mailto:smaher@pga.com)*

ELLINGTON RIDGE