

StoneRidge Golf Club 2011 Junior Golf Entry Form

Circle one

Session 1 (June 21st-23rd&June 28th-30th)

Session 2 (July 25th-27th & Aug 1st-3rd)

8:00am - 9:30am

\$150/Junior

Junior Name: _____

Age: _____

Junior Name: _____

Age: _____

Please PRINT first and last name

(If unsure, please contact Assistant Golf Professional Steve Pelouquin at 651-436-4653)

Please indicate form of payment below.

Member Charge (Provide #): _____ Check (Make Checks Payable to Steve Pelouquin): _____

Cash: _____ Credit (Mastercard, Visa, Amex): _____

The waiver below must be signed by the parent or legal guardian of the junior golfers listed above.
No participation in any part of the camp will be allowed if this waiver is left unsigned.

I, _____ and _____
(Parent or Legal Guardian) (Student)

herby release the StoneRidge Golf Club, its owners, golf professionals, and employees from any and all liability for any event or consequence whatsoever in any way arising out of or relating to participation in the StoneRidge Golf Club Junior Golf Camps. In case of an emergency during a camp event, I authorize a qualified medical doctor or technician to take all necessary measures in the treatment of an accident.

(Parent or Legal Guardian Signature)

Dated

Phone/Email