



## **JUNIOR JUNIOR GOLF CLINIC REGISTRATION 2023**

			tel: (604) 2	77-3141   <u>rw</u>	oods@richmondcc.ca
Name of Participant:					
			Age:		
Name of School:		· ·			_
			_Email:		
Address:					_
			Cell Phone:		
PAYMENT INFORMATION Total Amount:			Account Cash	Debit _	Credit
Member Name:			Member #:		
Credit Card:			Card Number:		
Name on Card:			_Expiry Date:		
	Please indicate the	sessions that th	e Junior Golfer will be attendi	ng:	
AGES 4 – 7: WHITE LEVEL			AGES 8 - 11: ORANGE LEVEL		
(30 Min. Sessions) Starting at 10:30am			(40 Min. Sessions) Starting at 11:15am		
\$75.00 Members / \$100.00 Non-Member (Per Month)			\$85.00 Members / \$110.00 Non-Members (Per Month)		
APRIL SESSION:	April 2	April 16	April 23	Apri	130
MAY SESSION:	May 7	May 14	May 21	Мау	y 28
JUNE SESSION:	June 4	June 11	June 18	June 25	
☐ JULY SESSION:	July 2	July 9	July 16	July 23	
SEPT SESSION:	Sept 3	Sept 10	Sept 17	Sept	t 24
I release Richmond Country Club, and its executives, employees, volunteers, chaperones and others, without reservation or restriction, from any and all liabilities related to any damage, accident, or injury that could arise in the course of the Junior-Junior clinics. There are no refunds or make-up dates for missed classes.					OFFICE USE ONLY Jonas Excel
Signature:			Date:		