



RICHMOND
COUNTRY CLUB 1958

JUNIOR GIRLS GOLF CLINIC REGISTRATION 2024

tel: (604) 277-3141 | fax: (604) 241-3706 | golfshop@richmondcc.ca

Name of Participant: _____

Date of Birth (dd/mm/yyyy) _____ / _____ / _____ Age: _____

Name of School: _____

Name of Guardian: _____ Email: _____

Address: _____

Home Phone: _____ Cell Phone: _____

PAYMENT INFORMATION:

Total Amount: _____ (check one) Cash Debit Credit

Member Name: _____ Member #: _____

Credit Card: _____ Card Number: _____

Name on Card: _____ CCV: _____ Expiry Date: _____

SATURDAY AFTERNOONS AT 2:00PM - 3:00PM

APRIL SESSION: Apr 27

MAY SESSION: May 4 May 11 May 18 May 25

JUNE SESSION: June 1 June 8 June 22* *on-course session @6:30pm

Affiliate member: \$129 + GST

Non Affiliate Member: \$169 + GST

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.

Signature: _____ Date: _____

OFFICE USE ONLY

Jonas

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