

# White Eagle Golf Club

## 2024 Junior Golf Program Registration Form

Child's Name \_\_\_\_\_ Age \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

Session 1 (8:30-9:30) \_\_\_\_\_ Session 2 (9:45-10:45) \_\_\_\_\_

Years playing golf \_\_\_\_\_

Parent's email \_\_\_\_\_ Parent's Phone # \_\_\_\_\_

I am the parent/guardian for \_\_\_\_\_, who agrees to abide by all the rules set forth while participating in White Eagle's Junior Program. I will not hold White Eagle Golf Club responsible for accidents or injuries that occur during the junior program.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Full Name

**2024 Camp Dates are June 10, 17, 24 July 8, 15, 22**

(No Camp on Monday July 1<sup>st</sup>)

Make Checks payable to: Scott Landin

Mail registration form to:

White Eagle Golf Club

316 White Eagle Trail

Hudson, WI 54016

Or email to: [scott@whiteeaglegolf.com](mailto:scott@whiteeaglegolf.com)