



JUNIOR GOLF EXPERIENCED REGISTRATION FORM

NAME _____ AGE _____
ADDRESS _____ CITY _____
STATE _____ ZIP _____ HOME PHONE _____
CELL PHONE _____

EMERGENCY CONTACT _____ PHONE _____

1. DOES JUNIOR HAVE ANY RESTRICTIONS/ALLERGIES? _____
2. DOES JUNIOR REQUIRE ANY MEDICATIONS? _____
3. SESSION(S) OF CHOICE _____
4. METHOD OF PAYMENT CASH _____ CHECK _____

CREDITCARD: WE ACCEPT VISA, MASTERCARD, & AMEX

ACCOUNT# _____ EXP. DATE ____/____

PLEASE MAKE CHECKS PAYABLE TO DIETZ GOLF CORP

I hereby release the staff, course management of any liability or illness incurred while in the junior programs. I will be financially responsible for any medical attention received at said programs or from any injury received at said programs as well.

PARENT'S SIGNATURE _____ EMAIL _____

MAIL CHECKS TO:

CRAB MEADOW GOLF COURSE

ATTN: Scott Gileta

220 Waterside Avenue

Northport, NY 11768