

# LEWISTOWN COUNTRY CLUB

306 Country Club Road Lewistown, PA 17044

## Application – 2017 Junior Golf Program

Name: \_\_\_\_\_

Address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Circle Age Division: 7-9 yrs 10-12 yrs 13-15 yrs 16-18yrs

Circle Shirt Size: ADULT SIZES are: SM MED LG XL

YOUTH SIZES are: S (8) M (10-12) L (14-16) XL (18-20)

Home phone \_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Day-time Phone \_\_\_\_\_

Another contact name & phone in case of emergency \_\_\_\_\_

Fee: \$75.00 if Child or Grandchild of LCC Member \$150.00 for Non-Member

Name of Parent or Grandparent who is LCC Member \_\_\_\_\_

Checks payable to Lewistown Country Club and attached to application or charge to LCC Account as follows:

Charge Acct # \_\_\_\_\_ Member Signature \_\_\_\_\_

If Golfer has a medical problem that we should be aware of, please indicate here \_\_\_\_\_

If a Golfer needs clubs, please contact the Golf Professional, we will try to supply golf clubs.

APPLICATION MUST BE RECEIVED BY June 30, 2017