

LEWISTOWN COUNTRY CLUB

306 Country Club Road Lewistown, PA 17044

2018 Junior Golf Program Application

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* *\$125.00 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 below:

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

APPLICATION MUST BE RECEIVED BY June 30, 2018