

LEWISTOWN COUNTRY CLUB

306 Country Club Road, Lewistown, PA 17044

Application for Junior Golf Program 2015

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 XLG

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

Home phone _____ E-mail _____

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 if 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 Golfer needs clubs, please contact the Pro, we will try to supply what is needed.

APPLICATION MUST BE RECEIVED BY July 5th, 2015