

LEWISTOWN COUNTRY CLUB

306 Country Club Road, Lewistown, PA 17044

717-248-2544

Application for Junior Golf Program 2019

Golfer's 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: SM MED LG XLG

YOUTH SIZES: 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: _____

Jr. Golf Program Fee: \$50.00 if Child or Grandchild of LCC Member \$75.00 if Non-Member

Jr. Membership Fee: Additional \$50 for Child/Grandchild of LCC Member/ \$75 if Non-Member

Name of Parent or Grandparent who is LCC Member: _____

Checks payable to LCC and submitted with 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 golf clubs, please contact the Club, we will try to supply what is needed.

APPLICATION MUST BE RECEIVED BY June 10th, 2019