

# 2018 STAMFORD JUNIOR GOLF, INC.

## SJG CLINIC APPLICATION

### June 25 – 28, 2018

Ages 11-17 years old

Junior Golfer's Name: \_\_\_\_\_  
Parent (Guardian): \_\_\_\_\_  
Address: \_\_\_\_\_  
City, State, Zip: \_\_\_\_\_  
Home Phone#: \_\_\_\_\_ Cell#: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age (as of June 25, 2018): \_\_\_\_\_

I have participated in the Junior Golf Program previously: Yes \_\_\_\_\_ No \_\_\_\_\_

I will need a set of golf clubs from SJG: Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes: Height \_\_\_\_\_' \_\_\_\_\_" Right Handed \_\_\_\_\_ Left Handed \_\_\_\_\_

#### CLINIC INFORMATION: \$45.00 \* fee includes:

Monday: 8:00 am - 9:00 am Clinic Registration  
9:00 am - 11:00 am Small Group Instruction  
11:00 am - 1:00 pm Supervised play on course and lunch\*\*

Tues. – Wed.: 9:00 am - 11:00 am Small Group Instruction  
11:00 am - 1:00 pm Supervised play on course and lunch\*\*

Thursday: 9:00am - 12:00 pm *Drive, Chip and Putt Contest*  
Followed by lunch\*\*\* and awards

#### \*plus season long benefits:

- clinic participants play FREE with paid adult (some restrictions apply)
- clinic participants receive 50% off range balls
- clinic participants receive 50% off Student Season Membership rate

\*\*Lunch Package (optional): Mon., Tues. & Wed.: \$15.00 additional Charge: Y\_\_\_N\_\_\_

\*\*\*Lunch will be provided by SJG on Thursday

Please send completed application with payment to:

STAMFORD JUNIOR GOLF

c/o Jon Langer

Stamford Golf Club

P.O. Box 65

Stamford, NY 12167

(Payment and Application must be received by June 1, 2018)