

LEWISTOWN COUNTRY CLUB

306 Country Club Road

Lewistown, PA 17044

717 248-9822

Application for Junior Golf Program

2009

Name: _____ **Male** ___ **Female** ___

Address: _____

Phone: _____ **Age (as of 7/01/09)** _____ **DOB** _____

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

If you are an experienced golfer and wish to move up to the next age group, please indicate here _____

Circle Shirt Size: **Youth** **S (8),** **M (10-12),** **L (14-16),** **XL (18-20)**
Adult: **S,** **M,** **L,** **XL**

Parent/Guardian Name _____ **email** _____

Parent day-time phone _____ **cell** _____

Please list another contact & phone in the event of emergency

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

Name of Parent or Grandparent who is Member _____

Check made payable to Lewistown Country Club or can be charged to

Member Account # _____ **Member Signature** _____

APPLICATION DUE DATE: MAY 1, 2009

Dates of Sessions & Tournaments:

Thursday, June 18

Thursday, June 25

Friday, June 26

Thursday, July 9

Thursday, July 16

Thursday, July 23

Friday, July 24

Tuesday, August 4 Jr. Club Championship

Wednesday, August 5 Jr. Club Championship

Thursday, August 6 Championship Rain Date

Junior Picnic & Awards Presentation – Sunday, August 9 at 6:00 PM
Trophies, medals and other gifts.