

LEWISTOWN COUNTRY CLUB

306 Country Club Road

Lewistown, PA 17044

Application for Junior Golf Program 2010

Name: _____

Address _____

Male _____ Female _____ Age _____ DOB _____

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

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

Adult: S, M, L, XL

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

\$150.00 Non-Member

*Checks payable to Lewistown Country Club and attached to
application or charge to LCC Account as follows:*

Name of Parent or Grandparent who is LCC Member

Charge to Acct # _____

Member Signature _____

If Golfer has medical problem we should be aware of, please indicate

APPLICATION MUST BE RECEIVED BY MAY 25, 2010