

**OAK GLEN BEGINNER JUNIOR GOLF PROGRAM
REGISTRATION FORM**

NAME _____

ADDRESS _____

CITY, STATE, ZIP _____

PHONE NUMBER _____

E MAIL ADDRESS _____

AGE _____ T SHIRT SIZE _____

Birthdate _____ 00-00-0000 format

*Youth size S, M, LG, XLG
Adult size S, M, LG, XLG*

PREFERRED DAY OF PLAY _____ MONDAY

Check One Day _____ TUESDAY

_____ WEDNESDAY

_____ THURSDAY

PREFERRED TIME _____ clinic 8:30-9:00
tee times 9:08, 9:15, 9:23, 9:30

Check One Time _____ clinic 9:00-9:30
tee times 9:38, 9:45, 9:53, 10:00

_____ clinic 9:30-10:00
tee times 10:08, 10:15, 10:23, 10:30

_____ clinic 10:00-10:30
tee times 10:38, 10:45, 10:53, 11:00

_____ clinic 10:30-11:00
tee times 11:08, 11:15, 11:23, 11:30

_____ clinic 11:00-11:30
tee times 11:38, 11:45, 11:53, 12:00

Name of Golfers I would like in my Group (Write them in below)