

BELLWOOD OAKS JUNIOR GOLF LEAGUE

Registration Form

Junior Golfer's Name: _____

Birth Date: _____

Sex: _____

Any Health Issues with participant we need to be aware of? Y or N
(Please explain)

Relationship to Participant: Mother Father Guardian

Your Name: _____

Address:

Contact Number / Email Address: _____

Mail or bring registration form to:

Bellwood Oaks Golf Course
Attn: Junior League
13239 210th St
Hastings MN 55033

REGISTRATION DEADLINE: JUNE 11, 2009

**JR League Fee: \$100
Cash or Checks accepted.**

My Child would like to be paired up with:

1)

2)

3)

By signing this registration form you indicate that you understand the Junior Program and agree that Bellwood Oaks Golf Course has the right to make changes as needed. Also, that your Son or Daughter is agreeing to conduct himself or herself in a courteous and respectful manner at all times while at Bellwood Oaks Golf Course.

Parent Signature _____