



MIGHTY PEACE GOLF CLUB

2025 JUNIOR PROGRAM REGISTRATION

Junior Name: _____

Age: _____ Approximate number of times has gone golfing: _____

Does your child have golf clubs: _____ If no, are they left or right handed: _____

Parent Name: _____

Home Phone: _____ Work/Cell: _____

Home Address: _____

Contact Email: _____

Allergies/Concerns: _____

As described in the Program Outline, the last day entails golfing on the course. Since there are only two instructors, it is helpful to have a couple parent volunteers available to assist the juniors with basic rules and safety while they are golfing.

Will you be available to assist the juniors on the last day? _____

*Parents are also welcome to follow along with their child and see how they have improved. Fees need to be paid at the time of registration.

PAID BY: VISA MC CASH CHEQUE DEBIT

E-TRANSFER Send to mightypeacegolf2016@gmail.com

PHOTO WAIVER: DATE PAID: _____ Staff: _____

The Mighty Peace Golf Club is requesting permission to use images and photos of participants for publicity purposes for the club. These photos and images will be used on our website, emails, brochures, social media and signage.

I give permission for the MPGC to use images and photos for this participant. Yes No

Parent Signature: _____

Mail to: Mighty Peace Golf Club, Box 920, Grimshaw, AB T0H 1W0

Email to: mightypeacegolf2016@gmail.com