



MIGHTY PEACE GOLF CLUB

2022 JUNIOR PROGRAM REGISTRATION

Junior Name: _____

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

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.

PAID BY: VISA MC CASH CHEQUE DEBIT

Parent Signature: _____

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

Email to: mightypeacegolf2016@gmail.com