

2024 Nonesuch River Golf Club Junior Clinic Registration Form

Child's Name			Age:	
Parent(s) Contact In	fo below:			
Name	Phone	Email		
Name	Phone	Email		
Please list any medical o such as asthma, allergie	-		t we should k	xnow about
Does your child have	his/her own set of	clubs?	Yes	No
Please select th	he session in whi	ch you would	like to at	tend:
<u>Session One</u> (April vacation week!) Mon. April 15 th – Thurs. April 18 th			9:00 – 11:00AM	
<u>Session Two</u> Mon. June 24 th – Thurs. June 27 th			9:00 – 11:00AM	
<u>Session Three</u> Mon. July 22 nd – Thurs. July 25 th			9:00 – 11:00AM	
<u>Session Four</u> Mon. August 12 th – Thurs. August 15 th		1	9:00 – 11:00AM	
The To register please co	cost <i>per</i> student <i>pe</i> ontact the ProShop			rik Nunez
	Assistant Golf Profess Assistant Golf Profess			

Junior Clinic is limited to 18 Individuals to ensure a 6-1 Student to Teacher Ratio