



Name (Parent or Guardian): _____

Name (Junior): _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____ **In Case of Emergency Please Call:**

Name _____ **Phone:** _____

Age of Junior: _____ **Skill Level** (please circle): None / Beginner / Intermediate

Price of the Program: \$150.00 per Junior

Payment Method (please circle): Cash / Check / Credit Card

Credit Card Payment Only

Card Type: American Express / Visa / Mastercard

Card #: _____ **Expiration:** _____

Name on card: _____

Signature: _____

Send Check Payable To: Signature Golf Group / PO Box 16708 Surfside Beach, SC 29587