



JUNIOR GOLF SCHOOLS 2011 REGISTRATION FORM

Name: _____ Students Age: _____

Phone #: _____

Street: _____

City: _____ State: _____ Zip: _____

Please check off the School(s) you will be attending:

School Number	Days	Time	Attending
April Vaca: 18, 20, 21	Mon - Tues - Wed	8:30-11:30AM	<input type="checkbox"/>
# 1: July 18, 19, 20	Mon - Tues - Wed	8:30-11:30AM	<input type="checkbox"/>
# 2 : Aug 1, 2, 3	Mon - Tues - Wed	8:30-11:30AM	<input type="checkbox"/>
# 3 : Aug 8, 9, 10	Mon - Tues - Wed	8:30-11:30AM	<input type="checkbox"/>

Cost Per School: \$175.00

Please complete the above form and send to:

Far Corner G.C.
C/O John O'Connor
5 Baker Road
Boxford, MA 01921