



JUNIOR GOLF SCHOOLS 2010 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
#1 June 28,29,30	Mon-Tues.-Wed.	8:30-11:30AM	<input type="checkbox"/>
#2 July 19,20,21	Mon-Tues.-Wed.	8:30-11:30AM	<input type="checkbox"/>
#3 Aug 9,10,11	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