

The Eric MacCluen Golf Academy 2009 Program Registration Form

Student: _____
 Street: _____
 City: _____ State: _____ Zip: _____
 Primary #: _____ Alternate #: _____
 E-mail: _____
 Adult: _____ (check) Junior: _____ (Age) _____ / _____ / _____ (Birthday)
 Handicap (if applicable): _____ RH: _____ LH: _____

**Junior Programs (ages 7 & up): Beginner, Just For Girls, Parent/Child, Ready For The Course
 Future Collegians (ages 10 & up)**

Program: _____
 Month: _____ Day: _____ Time: _____

Little Rascals Programs (ages 7 & under): Golf Skills, FUNdamental Athletic Skills

Program: _____
 Month: _____ Day: _____ Time: _____

Super Summer Camps (ages 7 & up): June 8, 15, 22, 29 July 6, 13, 20, 27 August 3, 10, 17, 24

Week of: _____

Full Day: _____	\$425/week _____	\$95/day _____	Individual _____
Morning: _____	\$295/week _____	\$65/day _____	Day(s): _____
Before Care: _____	\$60/week _____	\$12/day _____	_____
After Care: _____	\$150/week _____	\$30/day _____	_____

**Adult Programs: Beginner, Ladies Only, Ready For The Course, Short Game Skills
 Ladies "Course & Cocktails", Form Your Own Group**

Program: _____
 Month: _____ Day: _____ Time: _____

The Eric MacCluen Golf Academy Program Release for Participants:

The Eric MacCluen Golf Academy and participating facilities do not assume responsibility for injuries incurred while participating in any athletic or sports program or event and is not liable for lost or stolen items. I give permission to The Eric MacCluen Golf Academy and participating facilities without obligation to me, use of any photographs, film footage, tape recordings which may include my (my child's) image or voice for the purposes of promoting The Eric MacCluen Golf Academy and participating facilities and it's programs. I, the undersigned for myself, my heirs and assigns, do hereby release The Eric MacCluen Golf Academy and participating facilities, employees, and agents from any and all claims of injury, death, loss or damage I (my child) may incur as a result of my (my child's) participation.

Signature: _____ Date: _____

Type of Payment (check or credit card)

CHECK #: _____ (Payable to Eric MacCluen Golf Academy) Amount Enclosed: \$ _____
 DISCOVER _____ VISA _____ MC _____
 Account #: _____ 3 Digit Code: _____
 Signature: _____ Expiration Date: _____

**Please return application and fee to: The Eric MacCluen Golf Academy
 3203 Hamilton Lane, Garnet Valley, PA 19061**