

Register By Mail, Fax Or In Person!

Phone (610) 942-9494 Fax (610) 942- 2485

Mail: 1839 Horseshoe Pike, Honey Brook PA 19344

What Program(s) are you registering for?

Child's Name _____

Grade _____ Age _____ Sex _____ Right/Left Hand _____

Mailing Address _____

City _____ State _____ Zip _____

Home Phone _____

E-Mail _____

Parent/Emergency Contact Name _____

Other Phone _____

Other Phone _____

How did you hear about us? Mail Website Flyer Friend Sign Other

How many years have you been playing golf? _____

Eric MacCluen Golf Academy Program Release for Participants: Eric MacCluen Golf Academy and the Eric MacCluen Golf Center does 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 Eric MacCluen Golf Center, without obligation to me, to use 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, the Eric MacCluen Golf Center and it's programs. I, the undersigned for myself, my heirs and assigns, do hereby release the Eric MacCluen Golf Academy, the Eric MacCluen Golf Center, employees, and agents from any and all claims of injury, death, loss or damage I may incur as a result of my (my child's) participation.

Date _____ Parent/Guardian Signature _____

Payment: Visa Mastercard Check Amount _____

Card # _____ Expires _____

Signature _____

Billing Address _____