

2010 ALLEGAN SUMMER GOLF PROGRAM

REGISTRATION FORM

Participant information

Name: _____

Address: _____

Telephone: _____

AGE GROUP: 7 - 12 _____ 13-18 _____

DO YOU HAVE GOLF CLUBS: YES _____ NO _____

Emergency Contact

Name: _____

Telephone: _____

Please complete form and mail to:

ALLEGAN HIGH SCHOOL

c/o: SUMMER GOLF PROGRAM

1560 M-40 NORTH

ALLEGAN, MI 49010

PLEASE INCLUDE \$25 CHECK WITH REGISTRATION FORM

PAYABLE TO: ALLEGAN ALL-SPORTS BOOSTER CLUB