



Sandy Burr Country Club – 2019 Fall Junior Clinic Registration Form

Name: _____

Address: _____

City: _____

State/Zip: _____

Home Phone: _____

Email: _____

Male/Female: _____

Age: _____

Does the student have any medical conditions or allergies (Y/N)? _____

Select Clinic Session (Circle):
(AGES 6-14)

Monday 3:15PM-4:15PM

Monday 4:30 PM–5:30PM

STARTING WEEK 9/9 – 10/7

Wednesday 3:45PM-4:45PM

Emergency Contact:

Name: _____

Cell Phone: _____

Program Cost: \$250

Method of Payment (Circle one):

Cash

Check

Credit Card

Credit Card #: _____

Expiration Date: _____

Make Checks payable to: Sandy Burr Country Club

MAIL CHECKS TO:
Sandy Burr Country Club
103 Cochituate Rd.
Wayland, MA 01778

**This camp must comply with regulations of the Massachusetts Department of Public Health and be licensed by the local Board of Health*