



## Sandy Burr Country Club – 2020 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)? \_\_\_\_\_

**STARTING WEEK: 9/14 – 10/12**

(AGES 7-14)

**Select Clinic Session (Circle):**

*Monday: (1:00PM – 2:00PM)      (2:15PM – 3:15PM)      (3:30PM – 4:30PM)      (4:45PM – 5:45PM)*

*Wednesday: (1:00PM – 2:00PM)      (2:15PM – 3:15PM)      (3:30PM – 4:30PM)      (4:45PM – 5:45PM)*

**Emergency Contact:**

Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Program Cost: \$275**

**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*