



## 2025 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: 9/8 – 10/8/25** (AGES 7-14)

**Select Clinic Session (Circle):**

*Monday:* (3:00PM – 4:00PM) (4:15PM – 5:15PM) (5:30PM – 6:30PM)

*Wednesday:* (3:00PM – 4:00PM) (4:15PM – 5:15PM) (5:30PM – 6:30PM)

**Emergency Contact:**

**Name:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Program Cost: \$325**

**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