



2026 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 – 10/14 (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