



12552 Torbram Road
Caledon East, Ontario
L7C 2S7

Clubhouse 905 843 0726

Junior Summer Series Registration

1 Principal Contact: Parent/Guardian

Legal Name

FIRST NAME

LAST NAME

Address

CITY

Province

Postal CODE

E-mail

Cell

2 Secondary Contact: Parent/Guardian

Legal Name

FIRST NAME

LAST NAME

E-mail

Cell

3 For how many golfers are you coordinating lessons?

One Two Three Four

4 Do you have a PunchPass Account?

Yes No

If Account E-Mail is different than listed above

5 Have you coordinated a Lesson time?

Yes No

Day

Time

6 Do you have a start date?

Yes No

Day

Participant One

7 Name

FIRST NAME LAST NAME

8 Does the participant have a PunchPass Account?

Yes No

Please provide the registered e-mail for the account

9 Does the participant any allergies?

Yes No

Please provide details

10 Does the participant have any physical challenges that will affect their ability to golf?

Yes No

Please provide details

11 Does the participant have any special needs for learning?

Yes No

Please provide details

12 Does the participant have any prior golfing experience?

Yes No

Please provide details

13 DOB

DD MM YYYY

Participant Two

14 Name

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

15 Does the participant have a PunchPass Account?

Yes No

Please provide the registered e-mail for the account

16 Does the participant any allergies?

Yes No

Please provide details

17 Does the participant have any physical challenges that will affect their ability to golf?

Yes No

Please provide details

18 Does the participant have any special needs for learning?

Yes No

Please provide details

19 Does the participant have any prior golfing experience?

Yes No

Please provide details

20 DOB

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Participant Three

21 Name

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

22 Does the participant have a PunchPass Account?

Yes No

Please provide the registered e-mail for the account

23 Does the participant any allergies?

Yes No

Please provide details

24 Does the participant have any physical challenges that will affect their ability to golf?

Yes No

Please provide details

25 Does the participant have any special needs for learning?

Yes No

Please provide details

26 Does the participant have any prior golfing experience?

Yes No

Please provide details

27 DOB

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY

Participant Four

28 Name

<input type="text"/>	<input type="text"/>
FIRST NAME	LAST NAME

29 Does the participant have a PunchPass Account?

Yes No

Please provide the registered e-mail for the account

30 Does the participant any allergies?

Yes No

Please provide details

31 Does the participant have any physical challenges that will affect their ability to golf?

Yes No

Please provide details

32 Does the participant have any special needs for learning?

Yes No

Please provide details

33 Does the participant have any prior golfing experience?

Yes No

Please provide details

34 DOB

<input type="text"/>	<input type="text"/>	<input type="text"/>
DD	MM	YYYY