



## 2025 Junior Program Registration Form

Golfer 1	Golfer 2
Child's Name _____	Child's Name _____
Child's Birthdate _____	Child's Birthdate _____
Parent's Name _____	Parent's Name _____
Email _____	Email _____
Phone _____	Phone _____
Any health concerns/comments	Any health concerns/comments

TOTAL OWING: \_\_\_\_\_ Date Paid: \_\_\_\_\_ TOTAL Paid & Method: \_\_\_\_\_

Registration forms and Payment can be made via e-transfer to [accounts@kingswoodgolf.ca](mailto:accounts@kingswoodgolf.ca), using **Kingswood** as password. Alternate payments of cash, credit card or cheque, please email [accounts@kingswoodgolf.ca](mailto:accounts@kingswoodgolf.ca)

Do you give permission for your child/ children to participate in photos and videos for promotion purchases? \_\_\_\_\_

Parent's signature: \_\_\_\_\_

Date: \_\_\_\_\_