

**CORNWALL GOLF & COUNTRY CLUB LIMITED**  
**6740 SUTHERLAND AVENUE, CORNWALL, ONTARIO, K6H 7J3**

**2016 JUNIOR PROGRAM**

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

Name \_\_\_\_\_  
(First) (Last)

Address \_\_\_\_\_  
(Street & No.) (City)

Postal Code \_\_\_\_\_ Telephone \_\_\_\_\_

Date of Birth \_\_\_\_\_  
(Day) (Month) (Year)

NAME OF IMMEDIATE FAMILY MEMBER (please print) \_\_\_\_\_

Signature of family member or sponsor \_\_\_\_\_  
(Acknowledging responsibility for the above youth)

Parent's email \_\_\_\_\_

**WELCOME TO THE CORNWALL GOLF AND COUNTRY CLUB JUNIOR PROGRAM**

For more information please call (613) 931-1122 ext 234  
Fax application to: 613-931-3327  
Email to [play@cornwallgolf.com](mailto:play@cornwallgolf.com)