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

## **JUNIOR GOLF PROGRAM**

	Date:			
Name (First)		(Last)		
Address	(Street & No.)		(City)	
Postal Code		Telephone		
Date of Birth	(Day)	(Month)	(Year)	
NAME OF IMME	DIATE FAMILY MEMB	ER (please print)		
	ly member or sponsor esponsibility for the ab	ove youth)		
Parent's email				

WELCOME TO THE CORNWALL GOLF AND COUNTRY CLUB JUNIOR PROGRAM

For more information please call (613) 931-1122 ext 238 Fax application to: 613-931-3327 Email to play@cornwallgolf.com