



Phone: **860.432.3334**/email: **golfminnechaug@gmail.com**/website: **minnechauggolf.com**

## 2024 Junior Application

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Phone(s): \_\_\_\_\_ / \_\_\_\_\_

Email(s): \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact(s) \_\_\_\_\_ / \_\_\_\_\_

Phone(s): \_\_\_\_\_ / \_\_\_\_\_

**Please indicate below any scheduling conflicts or any other information you feel we should need to know.**

Allergies to Foods/Meds

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

\_\_\_\_\_  
Applicant signature

