REGISTRATION GUIDELINES: PLEASE READ CAREFULLY

- PLEASE FILL OUT THE FORMS COMPLETELY AND SIGN AT THE END. NO CHILD WILL BE ALLOWED TO PARTICIPATE IN ANY ACTIVITIES WITHOUT A COMPLETED FORM ON FILE, INCLUDING PAYMENT INFORMATION. All applications are accepted on a first come, first serve basis. We will make every effort to confirm enrollment by e-mail as well. Full payment is due with the application. Your child will not be on the roster without received payment.

- REFUND POLICY: full refund up to 2 weeks prior to start of scheduled week’s program. Cancellations within 8-13 days of start of week’s program – 75% refund. Cancellations within 7 days of start of week’s program, or after first day – 50% refund. No refunds after second day has commenced of the scheduled week’s program.

- We reserve the right to cancel any clinic if the minimum enrollment is not met.

- CHECK PAYMENTS: credit card information MUST be provided, even if paying by check. Applications will not be processed without CC information. Bounced or returned checks will automatically be charged a $50 processing fee. Refunds will require 2-3 weeks processing time.

- E-MAIL ADDRESS: Please make sure to CLEARLY provide an e-mail address on the application form. All pertinent information, i.e., what to prepare, is sent through e-mail.

- RAINOUTS/MISSED SESSIONS: The golf course will determine any cancellations due to poor weather. In the event of a cancellation, the instructors will be calling and emailing everyone as soon as possible. The student is responsible for attending the scheduled make-ups. There will be no refunds or additional accommodations for missing the scheduled make up times. There are no make ups for ANY missed sessions.

- Please specify if your child is a special needs child. This information will be kept confidential.

- Children are not allowed to use cellphones/PDA's/smartphones while the camp is in session, unless making or receiving phone calls with/from you, and with the instructor's permission.

- We will make every attempt to acquiesce requests to be with friends. However, if the group becomes disruptive or a safety issue for the program, we will separate the children.

- USE ONE METHOD OF SUBMISSION ONLY. Otherwise, you will risk double billing.
  Fax: (516) 767-4812, “ATTENTION: JR. GOLF;”
  Mail: Harbor Links Golf Course Attention: Jr. Golf
  1 W. Fairway Drive
  Port Washington, NY 11050
  E-Mail: jhong@palmergolf.com
PRO SHOP STAFF:
ATTACH RECEIPT HERE

2017 JUNIOR PROGRAMS REGISTRATION

STUDENT INFORMATION

Name: ____________________________________________
Address: ____________________________________________
City/Town: ____________________________ Zip: __________
E-Mail: ____________________________________________ D.O.B.: __________
Home Tel: ____________________________ Cell Phone: ____________________________

Level of Experience? Please check one:
___ PAR  Has never been to the range/golf course, has never had any professional instruction.
Has tried it before, attended one of our programs, had a couple of lessons.

___ BIRDIE  Plays regularly, takes lessons or has attended several of our programs. Shows interest in playing on
a regular basis. (Student must pass a basic skills test.)

___ EAGLE/ELITE  Scores 43 or better for 9 holes/86 or better for 18 holes, is considering taking the game to a
competitive level, such as high school. Plays competitively, regional/national tournaments, can
consistently score sub-42/sub 84.

If your child has had private lessons, please let us know from whom: ____________________________

Has your child attended one of our programs in the past? Circle one: Yes  No

Requests:
Do you wish to be with a friend, relative, instructor, or group? If so, please specify: ____________________________

*We will make every attempt to group accordingly. Please note that we have limits of students-per-instructor. If we feel that
the group is being disruptive or creates a safety issue, we will separate the children.

REGISTRATION AND PAYMENT INFORMATION

CODE (i.e., SP#2)  TUITION  PROGRAM NAME/DESCRIPTION (you may write the dates as well)

$_________ ____________________________________________

$_________ ____________________________________________

$_________ ____________________________________________

TOTAL: $_________ SIGNATURE: ____________________________

CREDIT CARD INFORMATION MUST BE FILLED OUT. Failure to do so risks delays in processing payments or refunds.

Which card:  ___ VISA/MC  ___ AMEX  ___ Discover

Name on card: ____________________________ Exp. Date: __________  CVV Code: __________

Card Number (please carefully write the correct #): ____________________________

Paying by check? Credit card information must STILL be provided. Applications will not be processed without this
information. Please make checks out to “HARBOR LINKS GOLF COURSE.”
Bounced/returned checks will incur a $50.00 penalty and reprocessing fee.
Please list any food allergies or other health issues.

Does your child have an epipen?

Does your child require special needs attention? Please let us know so that we may provide the safest and most enjoyable environment possible for all of the children enrolled in our programs. This information will remain confidential.

**EMERGENCY CONTACT INFORMATION**

Please list, in order of preference, who should be contacted in the event of an emergency or illness.

<table>
<thead>
<tr>
<th>NAME</th>
<th>RELATION TO CHILD</th>
<th>TELEPHONE #</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If your child does not have clubs, we can provide clubs for the week at no additional charge. Please provide the following information so that we have the right fitting set for them:

(Circle one) RH or LH

Height of child (ex.: 63” or 5’3”)

SHIRT SIZE (10-16 SUMMER Programs only)

<table>
<thead>
<tr>
<th>Youth:</th>
<th>OR</th>
<th>Adult:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Small</td>
<td>Medium</td>
<td>Large</td>
</tr>
</tbody>
</table>

Parent/Guardian Name: ______________________________

Parent/Guardian Signature: _____________________________________________ Date: ______________