



## ANGUS GLEN GOLF ACADEMY JUNIOR REGISTRATION FORM

Name \_\_\_\_\_  Female  Male Age \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_

Province \_\_\_\_\_ Postal code \_\_\_\_\_ Phone number \_\_\_\_\_

E-mail \_\_\_\_\_

Alternate number \_\_\_\_\_

### **Junior Instruction**

Junior Golf Camp \$299\*

Junior Academy Series \$169\*

AG Future Stars Clinic \$139\*

Elite Junior Golf Program \$359\*

Start Date: \_\_\_\_\_ Time: \_\_\_\_\_

### **Private & Semi-Private Instruction**

Build your own school! For more information and details contact:  
Terry Kim at tkim@angusglen.com or call 905.887.0090 x 284

#### Payment Information:

Visa Mastercard AMEX Cheque

Cheques made payable to Angus Glen Golf Club Ltd.

Card number \_\_\_\_\_ Expiry date \_\_\_\_\_

Credit Card Holder's name: \_\_\_\_\_

Signature: \_\_\_\_\_

\*I agree to pay the above total amount (plus taxes) according to card issue agreement.  
The amount will be charged upon receipt of registration form

Processed by: \_\_\_\_\_

**Please fax completed forms to 905-887-9424  
905.887.5157 www.angusglen.com**