

# SIGN-IN SHEET

TAKE YOUR DAUGHTER TO THE COURSE WEEK  
(Please print)



Junior's Name \_\_\_\_\_ Age \_\_\_\_\_

Accompanying Adult's Name \_\_\_\_\_

Email address \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date \_\_\_\_\_

Yes, I would like to receive information on additional golfing opportunities.

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Phone \_\_\_\_\_ Date \_\_\_\_\_

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