# Gorham Country Club 2019

**Junior League**

## Name: \_ Email: \_

Address:

City: State:

Zip:

High School Golf Team:

Birthday: Participants must be between the ages of 12-17 GHIN# HDCP Index Avg Score

**Medical Release**

We the parents of , give our consent for emergency medical and surgical treatment of this minor in a licensed hospital, by a licensed physician, should their condition so require it in my absence. I understand that in such case, reasonable attempts would first be made to contact me, time and conditions permitting.

Parent/Guardian Signature \_ Parent Name (please print) Date

**Emergency Contact:**

Name: Relationship:

Phone: \_

Home Work Cell

### Registration Fee: $20.00 -/ The Registration Fee Is Used For Prizes And A Banquet Weekly Green Fee For Non Members: $12.00

Check: Payable To: Gorham Country Club Address: 93 McLellan Road, Gorham ME 04038

Attn: Cindy Ahlquist