



## ***Hershey Links Junior Saturday Clinics***

Youth Name: \_\_\_\_\_

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

Male/Female: \_\_\_\_\_

Age Group (circle one):    5-8 years       9-12 years

### **Parent/Guardian Contact Information:**

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

Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Send completed registration form and payment to:

*Hershey Links*  
Junior Golf Programs  
101 Hanshue Road  
Hummelstown, PA 17036

The \$120 fee is payable to *Hershey Links*. Following receipt of completed form and payment, an email confirmation will be sent back to you indicating that the junior participant is registered.

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