



WILLOW HILL  
GOLF COURSE

### Willow Hill Junior Golf Development Program

Name \_\_\_\_\_ Age \_\_\_\_\_

Father/Guardian \_\_\_\_\_ Phone \_\_\_\_\_

Mother /Guardian \_\_\_\_\_ Phone \_\_\_\_\_

In Case of Emergency, Call \_\_\_\_\_ Phone \_\_\_\_\_

Parent Email Address \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

I give my permission for my son/daughter \_\_\_\_\_ to participate in the Willow Hill Junior Golf Development Program.

Allergies \_\_\_\_\_

Medical or Physical Conditions \_\_\_\_\_

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Golf and Athletic Experience \_\_\_\_\_

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**Willow Hill Junior Development Program will follow strict up to date CDC guidelines concerning Covid-19.**

**Signed**

### **Program Sign Up**

#### **Fundamentals and Learn to Play**

**Session 1 \_\_\_\_\_**

**Session 2 \_\_\_\_\_**

**Session 3 \_\_\_\_\_**

**Session 4 \_\_\_\_\_**

**Total Sessions Signed up for:**

**Amount Due:**

#### **Learn to Play and Play to Improve Ages 10 -13**

**Summer Program \_\_\_\_\_**

**Fall Program: TBA**

**Amount Due \$990**

#### **Robert Dickman Golf Strive for Excellence Program**

**Contact Robert Dickman @ 847.877.7779 or email Bob@RobertDickmanGolf to sign up.**