



Junior TPI Program Application Form

2011/2012

JUNIOR ATHLETE
NAME _____

ADDRESS _____ CITY _____

ZIP _____ STATE _____

CELL () _____ / _____ Emergency Number

WORK/Home () _____ / _____ () _____ / _____

PARENTS/ GUARDIAN

EMAIL _____ Contact email

CREDIT CARD INFORMATION (Monthly payment)

NUMBER _____ VISA MC DISCOVER AMEX

EXP/ DATE _____ / _____

SS PIN _____

SIGNATURE _____ DATE ____ / ____ /11

***By signing this form**, I agree Fairways & Greens Golf Center can debit my credit card each month on the 1st or 15th of each month while participating in TPI Junior Program.
For each of the Hat proficiency grading's a charge of \$35 will also be debited from my card until cardholder cancels junior program. INITIAL _____

***Medical Release:** I understand program has physical movement and contact. I release all liability to Suzanne Strudwick and Fairways & Greens Golf Center for any injury incurred under the normal program content.
Children with physical limitations or have medical issues such as Asthma / Diabetes / Allergic Reactions to insects Please notify Suzanne Strudwick (Program Director, ASAP).
INITIAL _____

I agree to a \$75 cancellation fee if I cancel Junior TPI Program before 12/31/2011 TPI Jr term has ended. INITIAL _____

PROGRAM MONTHLY COST.

\$125 per month. Additional family members receive \$10 discount.

\$115 per month for F&G Members

TPI Program Hat \$15

Receive \$10 off your monthly payment with each signed referral

SUZANNE STRUDWICK Golf Academy ONE 424 Simmons Rd, Knoxville, IN 47931 (845) 777 GOLF
golfacademyone@gmail.com

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