



Sunday Junior Clinic

4:40PM - 5:40 PM

4/21, 4/28, 5/5, 5/19

There will be no clinic on Mother's Day (5/12) this year

Name: _____ Age: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Will your child need equipment? _____ right or left handed? _____

Minimum of 4 and maximum of 12 students per session

The cost for the 4 weeks is \$180

Emergency Contact Information

Parent or Guardian to contact in case of emergency: _____

Phone Number: Home: _____ Work: _____ Cell: _____

Family Physician: _____ Phone: _____

In case of emergency, do we have the authority to call 911 and have appropriate measures taken to properly care for your child?

YES NO (please circle and initial) _____

Spots may be held via text or phone, but will only be GUARANTEED when the registration form AND payment are received.

Payments must be either cash or check . Make all checks payable to: Jamie Shaffer. By my signature, I indicate that I fully understand there is no refund and that I shall abide by all rules and regulations of the Management.

Signature: _____ Date: _____

Please return form with payment. Mail to: Jamie Shaffer, 211 Jefferson Avenue, Horsham, PA 19044. For any questions please contact Jamie at 215-915-3809 or shaffer004@aol.com Visit us at www.thebucksclub.com/instruction