



Fall Junior Clinic

Thursday 5:45 PM – 6:45 PM

9/13, 9/20, 9/27, 10/4

Last: _____ First: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Clinics will be limited to between 4 and 10 students

The cost for the 4 weeks is \$150

If paying by check, please make payable to Jamie Shaffer or Cash

Mail to: Jamie Shaffer, 211 Jefferson Avenue, Horsham, PA 19044

Any questions, please contact Jamie at 215-915-3809 or shaffer004@aol.com

Emergency Contact Information

Parent or Guardian to contact in case of emergency: _____

Signature: _____

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) _____