Sunday Junior Clinic

4:30PM - 5:30 PM

4/28, 5/5, 5/12, 5/19, 6/2

Last: _____ First: _____

Street: _____

City: _____ State: _____ Zip: _____

Email: _____

Home Phone: _____ Cell Phone: _____

Will your child need equipment? _____

Minimum of 4 and maximum of 12 students per session

The cost for the 5 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) _____

Please be sure to include your email address as your confirmation will be emailed to you. Payments must be either **CASH or CHECK** . Make all checks payable to: **Cash or 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