



Werner Golf Academy
Rule the Course

Junior Golf League

Student Name: _____

Age & DOB: _____ **Gender (circle):** Male or Female

Skill Level (circle one): Beginner Intermediate Advanced

Experience (i.e. has played before or no experience): _____

Does the Student Have Golf Clubs?(circle): Yes or No

Allergies/Medical Conditions to be Aware of: _____

Parent/Guardian Name(s): _____

Phone Number: _____ **Email:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

\$100 for the entire summer

Form of Payment (circle): Check(Made out to Briana Werner) Cash **T-Shirt Size:** _____

Total Payment Amount: \$ _____

Parent/Guardian Signature: _____ **Date:** _____

Please return form with payment to Briana Werner at least 1 week in advance.

Email: wernergolfacademy@gmail.com for PayPal

Mailing Address: 8717 S 33rd Street #3-303; Lincoln, NE 68516