

## 2007 WGC JUNIOR LEAGUE REGISTRATION

Fill out his form, print, and mail with \$5 League Fee to:

WGC Golf Course  
944 Country Club Drive  
Xenia, Ohio 45385

Golfers Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Gender: Male \_\_\_\_\_ Female \_\_\_\_\_

Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Emergency Number: \_\_\_\_\_

(parent/guardian signature)

I, \_\_\_\_\_ understand that the league registration fee (\$5.00) must accompany this registration. Please make checks payable to WGC Golf Course.