

2019 JUNIOR SEASON PASS

APPLICATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

CITY: _____

DATE OF BIRTH: _____ **AGE:** _____ **GENDER:** _____

PARENTS'
NAMES: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT: _____

EMERGENCY PHONE #'S: _____

I, _____, agree to follow all the rules and regulations of the Junior Season Pass and of Olde Scotland Links.