

2020 JUNIOR SEASON PASS

APPLICATION

NAME: _____ **PHONE:** _____

ADDRESS: _____

EMAIL: _____

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.