

Player information for Summer Golf School with Hudson Golf

Name _____ Age _____ Gender _____

School _____ Grade _____

Email _____ Cell Phone _____ Home Phone _____

Address _____

Allergies _____

Medical Restrictions _____

Parents/Guardians Information:

Address _____

Mother _____ Email _____

Cell Phone _____ Home Phone _____

Work phone _____

Signature _____ date _____

Father _____ Email _____

Cell Phone _____ Home Phone _____

Work phone _____

Signature _____ date _____