Pioneer Clinic Application

APPLICATION FORM - complete both sides

ONE FORM PER PARTICIPANT



Due to the popularity of this program it is some-

Participant's Name:		times necessary to choose participants by a lot-
Date of birth:/_	/ Age on August 1, 2024 t supply COPY OF BIRTH CERTIFICATE even if	tery. In order to be eligible for the lottery applications must be received by May 31, 2024. Applications received after May 31, 2024 will be accepted on a first come first serve basis.

Pioneer Clinic

Participants are expected to attend all six sessions of the Pioneer Clinic. The program is designed to teach the basics of the game in a progressive method. Please do not sign up if you can not attend the entire program.

Tuesday, July 2 Darlington Driving Range, Mahwah

Tuesday, July 9 Darlington Driving Range, Mahwah

Tuesday, July 16 Darlington Driving Range, Mahwah

Tuesday, July 23 Darlington Driving Range, Mahwah

Tuesday, July 30 Darlington Driving Range, Mahwah

Tuesday, August 6 Darlington Driving Range, Mahwah

Application Fee \$20.00 Pioneer Clinic + \$80.00 Total Amount: MUST ENCLOSE PAYMENT WITH APPLICATION = \$100.00

Mail completed application **WITH** check made payable to Bergen County Department of Parks and copy of birth certificate to:

Bergen County Golf Administration Office Soldier Hill olf Course 99 Palisade Avenue Emerson, NJ 07630 201-336-7259 SESSION: Tuesday 10:00 AM - 12:00 PM

MUST SEND PAYMENT WITH APPLICATION. Successful applicants will be notified via email by June 12, 2024. Wait listed applicants will have checks returned in the mail.

Application Form COMPLETE BOTH SIDES

Complete only one form per child. Participants may apply for only one program. Photo copies of the application are acceptable.

ALL applicants must supply COPY OF BIRTH CERTIFICATE even if they participated last year.

Participant's Last Name:			
Participant's First Name:			
Home Address:			
City/State/Zip:			
Home Phone: ()	Male □ Female □		
Birth date:// Age on Auguston Copy of birth certificate required.	st 1, 2024		WE NEED VOLUNTEERS
Parent's / Guardian's Name:			for The Pioneer Tour (Div. IV)
E-mail			and Q Tour
ALL NOTICES OR UPDATES WILL BE EMAILED In the event of an emergency contact:			Volunteers are a critical part of the Pioneer Program. Some of the duties include walking with groups, helping with registration, overseeing activities.
Name:	Phone ()	
Name:	Phone ()	See reverse side of form for details.
I understand The Pioneer Tour regulations a The Pioneer Tour Committee at their discret may disqualify me.			
Signature of Applicant:			Date:
medical care needs to be administered to the above consent may be given by an authorized member of the tion of the above named participant I hereby agree to its individual golf facilities, The Pioneer Tour, and its	o participate and that named applicant, and the The Pioneer Tour (o indemnify, defend ar committee members fing the negligence of	ne/she does so with my the below mentioned per committee. INDEMNIFIC and hold harmless the Ber from any liability or claims the above named entitie	approval. I further certify in the event that emergency erson cannot be contacted, the required parental CATION AGREEMENT AND RELEASE: In consideragen County Department of Parks its employees and or action for damages arising from my child's particise. I understand the risks inherent in the game of golf

Date:

Signature of Parent or Guardian: