

# River Valley Junior Clinic Sign-up Sheet

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Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_ [\$60]

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

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

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

\_\_\_\_\_

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

June Session	<input type="checkbox"/>
July Session	<input type="checkbox"/>

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Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_ [\$55]

Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_ [\$55]

Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_ [\$55]

Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_ [\$55]

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Please make checks payable to River Valley Golf Course.

River Valley Golf Course  
22927 Valley View Trail  
Adel, Iowa 50003

(515) 993-4029

[general@rivervalleygolf.com](mailto:general@rivervalleygolf.com)

[www.rivervalleygolf.com](http://www.rivervalleygolf.com)

<p><b><u>Clinic Details</u></b> Time: 9AM - 11:30AM Monday - Thursday Age: 8 - 14 years old Limited to 1<sup>st</sup> 30 prepaid juniors per session.</p>
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