



No clinic
or play
July 2 & 3

2025-26 HSV JUNIOR GOLF PROGRAM
Hot Springs Village, AR
**APPLICATIONS AND FEES MUST BE RECEIVED
BY FRIDAY, MAY 23, 2025 or LATE FEE WILL APPLY**
Questions? Log on to www.hsvjuniorgolf.org & click on FAQ

Non-property owners will need to show a copy of their application at the East or West Gates

<input type="checkbox"/> New Member	<input type="checkbox"/> Returning member (indicate holes played)
<input type="checkbox"/> Never played before	<input type="checkbox"/> 5 Holes <input type="checkbox"/> 9 Holes <input type="checkbox"/> 18 Holes
Name of Junior (please print)	
Nickname (please print)	
Home Address:	
City, State, Zip:	
Date of Birth (must be 8 before Sept. 1):	Grade in School in 2025-26:
Phone #1: _____	
Phone #2: _____	
Membership Fee - <input type="checkbox"/> \$50 (after May 23 (\$60)) <input type="checkbox"/> Golf Clubs - <input type="checkbox"/> \$30 TOTAL \$ _____	
Need golf clubs? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Trading Clubs	
<input type="checkbox"/> Right-Handed <input type="checkbox"/> Left-Handed If buying or TRADING clubs need height in inches _____	
NOTE: If paying by check, payment must be received before MAY 23, or you will be charged the LATE FEE.	
PHOTO RELEASE – I certify that I am the participating Junior Golfer's parent or legal guardian and I approve of the use of their name and likeness to be published on the Junior Golf website and social media accounts for the purpose of posting scores, results, and photographs taken during the Junior Golf season at its practice sessions, golf round days, tournament days, and the picnic at the end of the season. I understand these photographs will not be sold or republished for commercial use and will only be used for informational purposes to support Junior Golf and its mission. <input type="checkbox"/> Yes	
Check One: <input type="checkbox"/> Parent <input type="checkbox"/> Grandparent/Relative <input type="checkbox"/> Guardian/Friend	
Name of Parent or Sponsor (please print):	
Signature of Parent or Sponsor:	
Local Address (if different from above):	
City, State, Zip	
Local Phone #	E-Mail Address (please print clearly):
Interested in volunteering on Thursdays? Yes <input type="checkbox"/> No <input type="checkbox"/> Visit https://www.hsvjuniorgolf.org/volunteer for more information and to sign up.	
Name of School Golfer Attends: _____	
City & State of School: _____	
For Junior Golf Use Only	
Paid by <input type="checkbox"/> Check # _____ <input type="checkbox"/> Cash _____ TOTAL AMOUNT: _____	
Mail to: HSV Junior Golf c/o Sharon Medica, 88 Hartura Way, HSV, AR 71909	