



No clinic
or play
July 1 & 2

2026-27 HSV JUNIOR GOLF PROGRAM
Hot Springs Village, AR
**APPLICATIONS AND FEES MUST BE RECEIVED
BY FRIDAY, MAY 15, 2026 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)
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Home Address:

City, State, Zip:

Date of Birth (must be 8 before Sept. 1):	Grade in School in 2026-27:	Phone #1: _____
_____	_____	Phone #2: _____

Membership Fee - \$50 (**\$60 after May 15**) Golf Clubs - \$50 **TOTAL \$** _____

Need golf clubs? Yes No Male Female Trading Clubs
 Right-Handed Left-Handed If buying or TRADING clubs need **height in inches** _____

NOTE: If paying by check, payment must be received before MAY 15, 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. Yes

Check One: Parent Grandparent/Relative 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 #	Mother’s E-mail address: (print clearly)	Father’s E-mail address: (print clearly)
_____	_____	_____

Interested in volunteering on Thursdays? Yes No 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 Check # _____ Cash _____ **TOTAL AMOUNT:** _____

Mail to: HSV Junior Golf c/o Mary Cupstid, 40 Oviedo Way, HSV, AR 71909