2024 Adult Golf Program Registration Form

for the Applecross Golf Academy featuring Eric MacCluen

Please PRINT clearly. Complete each section, and be sure to initial, SIGN & DATE participation waiver!



| Adult Golf Clinics Saturday, Happy Hour Clinics @ 6:00 – 7:15pm and Saturday, Early Start Clinics @ 8:00 – 9:15am 5-Clinic Package*: \$200 (\$50 savings = 1 FREE Clinic) Dates Registered: | Name | | | | |
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| Adult Golf Clinics Adult Golf Clinics | · | · | • | | • |
| Adult Golf Clinics Saturday, Early Start Clinics @ 6:00 – 9:15am | | | | | - |
| Adult Golf Clinics Friday, Happy Hour Clinics @ 6:00 – 7:15pm and Saturday, Early Start Clinics @ 8:00 – 9:15am 5-Clinic Package*: \$200 (\$50 savings = 1 FREE Clinic) Dates Registered: | Cell Phone # | # | Email | | |
| Saturday, Early Start Clinics @ 8:00 - 9:15am Saturday, Early Start Clinics @ 8:00 - 9:15am Scilinic Package*: \$200 (\$50 savings = 1 FREE Clinic) | ~~~~~~~~ | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | | | |
| Students must submit a completed registering of the Stock payable to Eric MacCluen Golf LLC) Cash/ Check Amount: \$ Cash/ Check payments: Provide cash or check information below. All checks returned due to insufficient funds will be assessed a \$30 returned check fee along with the original amount, due immediately. Cash/ Check payments: Provide cash or check information below and please print clearly. All program rates alisted are "Discounted Cash/Check Payments: Vine original amount, due immediately. Cash/ Check payments: Provide cash or check information below. All checks returned due to insufficient funds will be assessed a \$30 returned check fee along with the original amount, due immediately. Cash/ Check payments: Complete credit card information below and please print clearly. All program rates listed are "Discounted Cash/Check Payments: Complete credit card information below and please print clearly. All program rates listed are "Discounted Cash/Check Payments: Complete credit card information below and please print clearly. All program rates listed are "Discounted Cash/Check Payments: Complete credit card information below and please print clearly. All program rates listed are "Discounted Cash/Check Payments: Complete credit card information below and please print clearly. All program rates listed are "Discounted Cash/Check Payments: Convenience fee of 3.95% will be applied to the total purchase amount of all credit card transactions by the service provider. Card Holder Name: | Friday Hanr | ny Hour Clinics @ 6:00 – 7:15 | | | 9:15am |
| Individual Clinics @ \$50 each x | | | - | | ,, , , , , , , , , , , , , , , , , , , |
| Date(s) Registered: | | Dates Registered: | , | ,, FREE | |
| *Students must submit a completed registration form & pay in advance of each 5-clinic package to take advantage of the discounted program rate, if payment is not received by the first class, then each class attended will be charged the single clinic rate of \$50. The prorated amount of \$40' class will then apply toward only the remaining classes of the 5-clinic package from the date of payment. When pursaing a 5-clinic package, all clinics must be completed by the end of the 2024 season. There are no refunds or carry over to next season due to the savings offered, NO exceptions! Cash/ Check payments: Provide cash or check information below. All checks returned due to insufficient funds will be assessed a \$30 returned check fee along with the original amount, due immediately. Cash Check No.: (Check payable to | | Individual Clinics @ \$50 e | ach x | | |
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| Cash Check No.: (Check payable to Fric MacCluen Golf LLC) Cash/ Check Amount: \$ Credit Card payments: Complete credit card information below and please print clearly. All program rates listed are "Discounted Cash/Check Pricing". A convenience fee of 3.95% will be applied to the total purchase amount of all credit card transactions by the service provider. Card Holder Name: Card Type: VISA or MC Credit Card #: Expiration: CVC Code: MC Billing Address: Zip: Signature: Date: Charge Amount: \$ Applecross Golf Program Release & Waiver of Liability, Assumption of Risk, Indemnity & Consent Agreement: 1) I hereby release and discharge Eric MacCluen Golf ("EMG") and Applecross Country Club ("ACC"), their agents, employees, staff members, directors and officers from any claims, responsibilities, or liabilities for injuries as a result of my participation as a player or spectator in programs and activities at NaCC. I fully understand that: these activities involve risks and dangers of serious bodily injury or death, ("Risks"); these Risks and dangers may be caused by my own actions or inactions, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "Releasee's named below; there may be other risk and social and economic losses either not known to me or readily or foreseeable shifts time; and fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. I authorize EMG and ACC, their agents, employees, staff members, directors, and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge EMG and ACC, their agents, employees, staff members, directors, and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge EMG and ACC, their agents, employees, staff members, directors, and officers from any responsibility released th | rate. If payment will then apply to be completed be | t is not received by the first class, then end oward only the remaining classes of the by the end of the 2024 season. There | each class attended will be charged to 5-clinc package from the date of package from the date of package no refunds or carry over to ne | the single clinic rate of \$50. The yment. When purchasing a 5-clinext season due to the savings of | prorated amount of \$40/ class nic package, all clinics must offered, NO exceptions! |
| Credit Card #: | check fee along Cash Credit Card | with the original amount, due immediat Check No.: (CI payments: Complete credit card info | ely. heck payable to Eric MacCluer ormation below and please print clea | n Golf LLC) Cash/ Checarly. All program rates listed are | ck Amount: \$ 'Discounted Cash/Check |
| Signature: Date: Charge Amount: \$ | Card Holder N | Name: | | Card Type | :: □ VISA or □ MC |
| Applecross Golf Program Release & Waiver of Liability, Assumption of Risk, Indemnity & Consent Agreement: 1) I hereby release and discharge Eric MacCluen Golf ("EMG") and Applecross Country Club ("ACC"), their agents, employees, staff members, directors and officers from any claims, responsibilities, or liabilities for injuries as a result of my participation as a player or spectator in programs and activities at ACC. I fully understand that: these activities involve risks and dangers of serious bodily injury or death, ("Risks"); these Risks and dangers may be caused by my own actions or inaction's, the actions or inaction's of others participating in the activity, the condition in which the activity takes place, or the negligence of the "Releasee's named below; there may be other risk and social and economic losses either not known to me or readily or foreseeable at this time; and I fully accept and assume all such risks and all responsibility for losses, costs, and damages I incur as a result of my participation in the Activity. I authorize EMG and ACC, their agents, employees, staff members, directors, and officers to take whatever action is necessary, in their best judgment, in an emergency and I hereby release discharge EMG and ACC, their agents, employees, staff members, directors and officers from any responsibility related thereto. * Initial > | Credit Card # | :: | Ехрі | ration: CVC | Code: |
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| | 1) I hereby release and officers from ACC. I fully under by my own action negligence of the this time; and I factivity. I author judgment, in an responsibility or 2) I hereby grant and all claims up | ase and discharge Eric MacCluen Golf (in any claims, responsibilities, or liabilitie erstand that: these activities involve risk ons or inaction's, the actions or inaction's ie "Releasee's named below; there may fully accept and assume all such risks a rize EMG and ACC, their agents, emplo emergency and I hereby release discha liability related thereto. * Initial > it EMG and ACC permission to use my re pon EMG and ACC for reimbursement f | "EMG") and Applecross Country Clues for injuries as a result of my particles and dangers of serious bodily injures of others participating in the activity be other risk and social and economical responsibility for losses, costs, yees, staff members, directors, and arge EMG and ACC, their agents, enterprise and another picture, or likeness in any print or use of this material. * Initial > | b ("ACC"), their agents, employe ipation as a player or spectator in ry or death, ("Risks"); these Risk y, the condition in which the activnic losses either not known to me, and damages I incur as a result officers to take whatever action is apployees, staff members, directo | ees, staff members, directors in programs and activities at is and dangers may be caused vity takes place, or the ee or readily or foreseeable at it of my participation in the is necessary, in their best is and officers from any sement. I fully renounce any |
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Please drop off registration forms with payment to the Applecross pro-shop in an envelope marked "Adult Top Tracer Clinics, Attn: Eric MacCluen", bring directly to class or mail to: Eric MacCluen Golf LLC, 824 Tremont Drive, Downingtown, PA 19335.