

**HAZELTINE NATIONAL GOLF CLUB
ALTERNATE JUNIOR GOLF PROGRAM
ENTRY FORM**

NAME: _____

Member #: _____

(optional)

AGE: _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE: _____

SESSION 8:00 _____

PREFERENCE: 9:30 _____

If mailing in enter form with check, make the check out to **Dan Suedbeck** and send to:

Dan Suedbeck
Hazeltine National Golf Club
1900 Hazeltine Blvd.
Chaska, MN 55318

If billing to your member account feel free to fax entry to (952) 556-5432 and include your member number on the form.

Office Use
Date Received: _____
Instructor Assigned: _____