



**11:00 AM – 4:00 PM**

**Lunch will be provided  
before the start of clinics.**

## **Youth Clinic Registration Form**

Name: \_\_\_\_\_

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

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

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

Age: \_\_\_\_\_

Experience Level-Circle One

Beginner

Intermediate

Senior

Shirt Size: Youth Medium \_\_\_\_ Youth Large \_\_\_\_ Adult Small \_\_\_\_

Adult Medium \_\_\_\_ Adult Large \_\_\_\_

Please send in by March 5<sup>th</sup>. You can email them to Shelby at

[shelbycraw10@hotmail.com](mailto:shelbycraw10@hotmail.com) or mail to Juniper Farm 54 Mayall Road Gray ME 04039. Clinic Contacts: George Liberty 207-615-7008 and Shelby Crawford 607-222-3531.

