

Grand View Junior Academy

Student Name: _____

Grade (2024-2025 school year): _____

DOB: _____

Parent:Guardian Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Email: _____

Please select one below:

- ☐ Already purchased a student pass
- ☐ Would like to purchase a student pass (\$175)
- ☐ \$40 Academy fee only

Method of Payment (circle one): Cash / Check / Credit Card

Card Number

Exp: Date

Signature

Sec Code

Please submit form and payment by Wednesday July 3rd to:

Grand View Golf Club

PO BOX 217

Hortonville, WI 54944

Completed forms and payment view credit card may be emailed to travis@grandviewgolf.club