

Sudden Valley GC 43rd ANNUAL - JUNIOR GOLF CAMP

Monday – Thursday, June 29 – July 2
9:00 AM – 12:00 PM
Cost: \$120.00

Please accept this invitation to participate in Sudden Valley's Junior Golf Camp. The camp will be open to kids age 7-15 as of July 1st, 2025. Kids of all ability levels are encouraged to attend what promises to be a week of great instruction and friendship. This is one of the region's leading golf camps with quality instruction provided by local PGA professionals covering grip, stance, full swing, chipping, pitching, putting, rules and etiquette. Lunch will be provided on the final day and all participants will receive a sweatshirt. The camp will conclude on Thursday with a tournament, but the emphasis for the camp will be on fun. Clubs will be provided, if needed.

Participant's First Name: _____ Last Name: _____

Age: _____ Gender: M / F

Parent/Guardian Name and Email Address: _____

Mailing Address: _____ City: _____

State: _____ Zip Code: _____ Parent Cell Phone: _____ Work Phone: _____

Hoodie Size: Youth Medium Youth Large Adult Small Adult Medium Adult Large

Special Medical Conditions and/or Food Allergies: _____

Requested group pairing: _____

While every effort will be made to accommodate requested pairings, we cannot guarantee that all requests will be granted. Please talk to your child about this before the first day of camp.

Participant's golfing ability: beginner intermediate advanced

VOLUNTEERS – Fun, easy and very rewarding!

We are always in need of volunteers to help make Junior Golf Camp a success. This will be a fun and exciting week for the participants. Parents and grandparents are encouraged to volunteer as their time permits; no golf experience is necessary.

I am able to be a volunteer, please call me: _____ Phone: _____
Name

HOW TO REGISTER

Registration can be made by mail, email, or in-person. A registration form and payment are due at time of registration. Camp entry fee is \$120 and includes a sweatshirt, prizes and pizza lunch on Thursday following the tournament.

Sudden Valley GC – 4 Clubhouse Circle –Bellingham, WA 98229 – 360.734.6435 – 855.506.2219

PAYMENT INFORMATION – Please Make Checks Payable to "KLGs"

Check Cash Visa/MC# _____ Expiry Date ____/____

Name on Card _____ CCV _____ ZIP CODE FOR CC _____

For Pro Shop Use Only

Date of Registration: _____ Entered by: _____ Transaction #: _____