



Summer Camp Registration Form

Student's Name _____ SESSION# _____

Address _____

City _____ Zip Code _____

Date of Birth ____/____/____

Parents/Guardian's Name _____

Phone (_____) _____ - _____

E-mail _____

Emergency Contact _____

Allergies or medical conditions _____

Current golf skill level: ☐ Beginner ☐ Intermediate ☐ Advanced

☐ I have my own clubs.

☐ I need to borrow some clubs. My height is ____ inches.

Camp fee is \$150 per golfer. Two golfers for \$250
Visa/MC/Amex/Cash accepted.