

Registration '19

Last Name: _____

First Name: _____

Age: _____

Address: _____

Phone #:(____) _____ - _____

Alternate Phone #:(____) _____ - _____

Email: _____

*please make note of any allergies or physical restrictions so that we can plan ahead

Circle all that apply

Session 1: June 24th - 28th (\$175)

Session 2: July 8th - 12th (\$175)

*Members pay only \$160

We offer a \$15 discount for multiple session or additional family members. For example, Will signs up for session 1 & 2. The cost would be \$175+\$160. Furthermore, John and his sister Mary sign up for a Session 1. The cost would be \$175+\$160

Mail Check & Registration to:

WEST BOLTON GOLF CLUB, 5161 Stage Road, Jericho VT, 05465

Acct#: _____

Exp.: _____ / _____

CVV Code: _____

Amount Enclosed:\$ _____

*We accept VISA and Mastercard

Signature: _____