



2010 JUNIOR GOLF CAMP REGISTRATION

NAME: _____ AGE: _____ SEX: _____

ADDRESS: _____

PARENT (S) NAME (S): _____

PARENT HOME PHONE: _____ BUSINESS PHONE: _____

CONTACT IN CASE OF EMERGENCY: _____

HAS YOUR CHILD HAD GOLF INSTRUCTION BEFORE? _____

IF YES, BY WHOM AND TO WHAT EXTENT? _____

DOES YOUR CHILD HAVE GOLF EQUIPMENT? _____



MEDICAL INFORMATION

DOES YOUR CHILD HAVE ANY ALLERGIES? YES _____ NO _____

IF YES, PLEASE EXPLAIN: _____

PLEASE DESCRIBE BELOW ANY MEDICAL CONDITIONS, PHYSICAL RESTRAINTS OR HANDICAPS YOUR CHILD MAY HAVE. BE SPECIFIC AND PROVIDE INFORMATION REGARDING ANY MEDICATIONS YOUR CHILD MAY BE TAKING. WE ASK THIS INFORMATION TO PROVIDE YOUR CHILD WITH THE MOST POSITIVE EXPERIENCE WE CAN:

SESSION REQUESTED JUNE _____ JULY _____

PAYMENT RECEIVED AMOUNT _____ CHK # _____ CASH _____

Please make checks payable to: Straight Away Golf

PARENTS SIGNATURE: _____ DATE: _____

*WITHDRAWALS: Full refunds will be given up to one week before camp begins – less than one weeks notice a \$20.00 administration fee will be charged.
There will be NO refunds after camp has begun.*