



2009 Junior Golf Camp - Registration Form
(ages 7 to 12 years old)

Fax completed applications to the Pro Shop at 613.271.3372.

A confirmation of receipt will be sent to the applicant.

Student Information

Golfer: _____

Date of Birth: _____ Age: _____

Parents/Guardian: Please list the guardians who are entitled to pick up your junior camper(s) and phone number:

1) _____ Phone #: _____

2) _____ Phone #: _____

3) _____ Phone #: _____

4) _____ Phone #: _____

Address: _____

Home Phone #: _____ Cell Phone #: _____ Fax #: _____

Email address: _____ Health Card Number: _____

Will golf clubs be needed? Y/N Righthand or Lefthand How did you hear about us? _____

Does your child have any medical conditions? _____

Program Information How many weeks will you attend? _____

| | | | | | |
|---------------------|-------|---------------------|-------|-------------------------|-------|
| Week 1: Jul 6 – 10 | _____ | Week 3: Jul 20 – 24 | _____ | Week 6: Aug 10 – 14 | _____ |
| Week 2: Jul 13 – 17 | _____ | Week 4: Jul 27 – 31 | _____ | Week 7: Aug 17 – 21 | _____ |
| | | Week 5: Aug 3 – 7 | _____ | Week 8: Aug 24 – Aug 27 | _____ |

(There will be camp August 3rd)

Payment Information (\$399.00) per week per student – (includes snacks [fresh fruit, veggies] and lunch daily)

Debit Card: ___ Credit Card: ___ VISA ___ MASTERCARD ___ AMERICAN EXPRESS

Card Number: _____

Name on Card: _____ Exp. Date: _____

Signature: _____ Date: _____