



kids camp registration

MEMBER NUMBER: _____

	Name:	Age:	Shirt Size:	Participating in Jr Golf:	
Camper #1:	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Camper #2:	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Camper #3:	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Camper #4:	_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Please list any allergies _____
 or medical conditions: _____

CONTACTS (PLEASE PRINT):

Primary Contact's Name: _____ Relationship: _____

Cell Number: _____

Home Address: _____

Email Address: _____

Emergency Contact's Name: _____ Relationship: _____

Cell Number: _____

Please check the box(es) for the weeks/days your child(ren) will be attending:

Wk 1 JUNE 9-13	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 2 JUNE 16-20	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 3 JUNE 23-27	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 4 JULY 7-11	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 5 JULY 14-18	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 6 JULY 21-25	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 7 JULY 28-AUG 1	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 8 AUG 4-8	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI
Wk 9 AUG 11-15	<input type="checkbox"/> FULL WEEK	<input type="checkbox"/> MON	<input type="checkbox"/> TUES	<input type="checkbox"/> WED	<input type="checkbox"/> THUR	<input type="checkbox"/> FRI