



Summer Camp Registration

Today's Date: _____

Golfer's Name: _____

Age: _____

School: _____

Address: _____

City: _____

Phone(Home): _____

Phone(Cell): _____

E-mail: _____

Birthday: _____

Grade: _____

State: _____ Zip: _____

Phone(Work): _____

Mothers Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-mail: _____

If information is the same, just write same

Fathers Name: _____

Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

E-mail: _____

If information is the same, just write same

Emergency Contact Information

Contact Name: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Known Allergies or Medications: _____

Special Notes or Instructions: _____