

2017 Junior Golf Camp Registration Form

Child's Name: _____ Date _____

Address _____ Phone _____

City _____ Zip Code _____

Email Address: _____

Age (8-14) _____ Gender: _____ Male _____ Female

Food Allergies (if any) _____

In case of an emergency, Call _____ Phone _____

(Please provide the name & phone number of the responsible person available during class time)

Mother/Guardian: _____ Daytime Phone: _____

Cell Phone: _____ Evening Phone: _____

Father/Guardian: _____ Daytime Phone: _____

Cell Phone: _____ Evening Phone: _____

Name(s) of person(s) to whom the child may be released to:

Preferred Camp: _____ Second Choice: _____

(If camp is full, you can be put on a wait list for the camp or choose another session)

**FULL PAYMENT is due at the time of registration (Per Student, Per Golf Camp).
Please make checks or money orders payable to "SAV Golf Shop".**

For Office use only

Total Amount Paid \$ _____ Please Circle: Cash Check Credit Card Initials _____