

ROCK CHAPEL

2017 GOLF CAMP REGISTRATION FORM

(Register in person only, starting Saturday April 8, 2017 at 8 am onward)

Child's Name: _____ CIRCLE M D Y Boy / Girl Birthdate: ____/____/____ Age: ____

Parents: _____ Home phone _____

Mom cell phone _____ Dad cell phone _____

Address: _____ STREET CITY POSTAL CODE

e-mail (print clearly): _____

2nd contact name/cell (if bringing/picking up your child): _____

Medical concerns: _____

Pair with friend (if same age group): _____

Every child will need to bring appropriately sized golf clubs in a golf bag. Pull cart helpful if you have one. Need min of: putter, wedge or 9 iron, driver or fairway wood. Club set rentals are not available.

Amount
(incl. tax)

Office Use

<p>Summer Golf Camp Ages 8-14 (Must be 8 years old by Dec. 31/17 Born in 2009 or earlier)</p> <p>\$325 + tax = \$367.25 per week * \$260 + tax = \$293.80 (4 day week)</p> <p>Monday to Friday *(Holiday week Tuesday to Friday) 9 am - 4 pm. Lunch included.</p> <p>NOTE! DUE TO DEMAND - MAX 2 WEEKS PER CHILD</p>	Mon July 3 to Fri July 7 <input type="checkbox"/>		1-
	Mon July 10 to Fri July 14 <input type="checkbox"/>		2-
	Mon July 17 to Fri July 21 <input type="checkbox"/>		3-
	Mon July 24 to Fri July 28 <input type="checkbox"/>		4-
	Mon July 31 to Fri August 4 <input type="checkbox"/>		5-
	* Tues August 8 to Fri August 11 <input type="checkbox"/>		6-
	Mon August 14 to Fri August 18 <input type="checkbox"/>		7-
	Mon August 21 to Fri August 25 <input type="checkbox"/>		8-

Method of pay: Cheque (payable to: Rock Chapel Golf Centre) Debit Visa MC Cash

TOTAL

Cheque is our preferred method of payment if possible. Thank you so much!

Refunds may be made up to 2 weeks before the start of camp subject to a \$50 cancellation fee. Original receipts must accompany refund process. After that date, there are no refunds, credits or scheduling changes made for any reason.

Waiver: I hereby authorize the staff of Rock Chapel Golf Centre to act for me according to their best judgment in an emergency requiring medical attention, and I hereby waive and release the staff and the facility of Rock Chapel Golf Centre from any and all liability for any injuries or illnesses incurred while participating in the programs. I acknowledge that the staff will not be responsible for administering any medications. I understand and authorize that pictures taken may be used for promotion.

I have read and accept all conditions as described on this form.

Parent/Guardian Signature: **X** _____ Date _____

Office use only	Registration date: _____	Staff Initials _____
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See www.rockchapel.ca and click "Junior Golf Programs" for more details. Questions? email us at golf@rockchapel.ca