



Redland Junior Golf Summer Camp Registration Form

PARTICIPANT INFORMATION

FIRST NAME _____ LAST NAME _____

AGE _____ MALE _____ FEMALE _____

PARENT/GUARDIAN INFORMATION – EMERGENCY INFORMATION

NAME _____

RELATIONSHIP TO PARTICIPANT _____

ADDRESS _____

CITY/STATE/ZIP _____

PRIMARY PHONE NUMBER _____

SECONDARY PHONE NUMBER _____

EMAIL ADDRESS _____

Child may be picked up by _____

(other than parent/guardian completing consent form)

SUMMER CAMP HOURS

MONDAY – THURSDAY 9:00AM – 3:00PM - FRIDAY 9:00AM – 12:00PM

WEEKLY FEE OF \$250/\$225 MUST BE PAID ON OR BEFORE THE MONDAY OF EACH CAMP WEEK

Cash/Credit Cards Accepted – Checks made payable to: HAGC Redland Junior Golf, Inc.

Registration and Permission Form must be completed and emailed to: Redlandgolfcc@aol.com

DATES	ATTENDING	PAID (ADM USE ONLY)
WEEK 1 – JUNE 08 – JUNE 12	YES [] NO []	
WEEK 2 - JUNE 15 – JUNE 19	YES [] NO []	
WEEK 3 – JUNE 22 – JUNE 26	YES [] NO []	
WEEK 4 – JUNE 29 – JULY 3	NO CAMP THIS WEEK	
WEEK 5 – JULY 6 – JULY 10	YES [] NO []	
WEEK 6 – JULY 13 – JULY 17	YES [] NO []	
WEEK 7 – JULY 20 – JULY 24	YES [] NO []	
WEEK 8 – JULY 24– JULY 31	YES [] NO []	