Babylon Village Golf Camp

Operated by Long Island Golf Camps www.longislandgolfcamps.com

2015 Registration Form

Please fill in all fields accurately and completely

Camper's Nan	ne
Camper's Add	ress
Camper's Pho	neEmail
	Date of Birth
	dian picking up child
	nate guardian
	ytime phone number
•	of Camp Attending
•	Date sent
	indable deposit)
*Checks shoul	d be made out to: Mike Reilly Golf
Send to:	Long Island Golf Camps
	1594 August Road
	North Babylon, NY 11703
*Payment i	s due in full on the first day of camp.
******	******
Permission	and Waiver:
,	alth and permitted to participate in this golf camp. I
•	als to act on my behalf in the event emergency medical and I cannot be contacted. Further, I hereby waive and
	Golf Club, Mike Reilly, and camp staff members from any
	r injuries that may occur during the camp, and have read ility Waiver Agreement on the longislandgolfcamps.com
website and I underst	and and will cooperate with the camp "poor weather policy."
701	
(Signature of Pare	nt or Guardian) (Date)