Advanced Junior Program

Operated by Long Island Golf Camps www.longislandgolfcamps.com

2016 Registration Form Please fill in all fields

Golfer's Name_		
Golfer's Address		
Golfer's Phone Em	 ail	
Golfer's Age Date of Birth		
Name of guardian picking up of	hild	
Name of alternate guardian		
Emergency daytime phone nui	mber	
Course Attending Class: Penin	isula Baby	lon
Payment Amount D	ate sent	
(Program cost is \$300)	o. Mileo Doille C	- I£
*Checks should be made out to: Mike Reilly Golf		
Send to: Long Island Golf Carr 370 West Broadway Apt. 2D	ips	
Long Beach, NY 11561		
*Payment is due in full with registration.		

Permission and Waiver:		
My child is in good health and permitted to particular officials to act on my behalf in the event emerge cannot be contacted. Further, I hereby waive an Reilly, and camp staff members from any liability during the camp, and have read and agree to the longislandgolfcamps.com website and I underst weather policy."	ncy medical treatment is d release the Peninsula (y for illnesses or injuries to e Liability Waiver Agreem	needed and I Golf Club, Mike hat may occur nent on the
(Signature of Parent or Guardian)	(Date)	