Advanced Junior Program

Operated by Long Island Golf Camps www.longislandgolfcamps.com

2018 Registration Form Please fill in all fields

Golfer's Name	
Golfer's Address	
Golfer's Phone E	mail
Golfer's Age Date of Birth	
Name of guardian picking up	
Name of alternate guardian	
Emergency daytime phone r	number
Course Attending Class: Per	ninsula
Payment Amount	Date sent
	due w registration \$450 1st day
Send to: Long Island Golf Ca	amps
370 West Broadway Apt. 2D	
Long Beach, NY 11561	
*********	*****
Permission and Waiver: My child is in good health and permitted to perficials to act on my behalf in the event emercannot be contacted. Further, I hereby waive Reilly, and camp staff members from any liable during the camp, and have read and agree to longislandgolfcamps.com website and I under weather policy."	articipate in this golf camp. I authorize camp ergency medical treatment is needed and I and release the Peninsula Golf Club, Mike bility for illnesses or injuries that may occur
(Signature of Parent or Guardian)	(Date)