After School Novice 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 Birt	h
Name of guardian picking up	child
Name of alternate guardian _	
Emergency daytime phone n	umber
Course Attending Class: Pen	insula Babylon
Payment Amount	Date sent
(Program cost is \$300)	
*Checks should be made out to: Mike Reilly Golf	
Send to: Long Island Golf Camps	
370 West Broadway Apt. 2D	
Long Beach, NY 11561	
*Payment is due in full with registration.	

Permission and Waiver:	
My child is in good health and permitted to particials to act on my behalf in the event emer cannot be contacted. Further, I hereby waive Reilly, and camp staff members from any liab during the camp, and have read and agree to longislandgolfcamps.com website and I under weather policy."	gency medical treatment is needed and I and release the Peninsula Golf Club, Mike illity for illnesses or injuries that may occur
(Signature of Parent or Guardian)	(Date)