



Joe Caruso
Golf Academy

2017 Summer Camp Registration Form

Participant Information:

Name: _____ Male Female
Address: _____ City : _____ State: _____
Zipcode: _____ Birthdate: _____ Age : _____
Allergies: _____

Parent Information:

Parent/ Legal Guardian: _____
Relationship: _____ Phone: () _____
Email: _____

2017 Summer Camp Dates

- | | |
|--------------------------------------|--|
| <input type="checkbox"/> June 5-8 | <input type="checkbox"/> July 24-27 |
| <input type="checkbox"/> June 12 -15 | <input type="checkbox"/> July 31- Aug. 3 |
| <input type="checkbox"/> June 19-22 | <input type="checkbox"/> Aug. 7-10 |
| <input type="checkbox"/> June 26-29 | <input type="checkbox"/> Aug. 14-17 |
| <input type="checkbox"/> July 3-6 | (No Camp July 4th) |
| <input type="checkbox"/> July 10-14 | |
| <input type="checkbox"/> July 17- 20 | |

Please select the week your Jr. Golfer will attend. First week is \$200.00 and \$150 for sibilings and additional weeks selected.