



Tom Rosati Golf Academy at Great River Golf Club
GOLF CAMP REGISTRATION FORM 2016

Name of Student: _____

Address: _____ City _____ State _____ Zip _____

Home Phone: (_____) _____ Work Phone: (_____) _____ (Parent/Guardian)

Email _____ Emergency Contact Name: _____

Relationship to student: _____ Emergency Contact Number: _____

Physician's Name: _____ Address: _____ Phone: _____

Age _____ Ability Level (beginner, intermediate, advanced) _____

Prior Camp Attendance (yes/no) _____ if yes, highest level achieved: (red,green,orange,blue,yellow)

Please sign my child up for the following program(s):

CLINIC PROGRAMS: \$200, SHU Alumni and Faculty:\$180

_____ Clinic #1 Spring Session: 10-11:00, May 7-June 4, Age 8-12 (5 Saturdays)

_____ Clinic #2 Summer Session: 9:00-10:30, June 28-July 1, Age 6-10, (Tuesday-Friday)

_____ Clinic #3 Summer Session: 9:00-10:30, August 23-26, Age 6-10 (Tuesday-Friday)

Payment Method

*Payment is due in full with completed application.
Please refer to "Terms and Agreement" regarding refunds and cancellations.*

Select:

_____ Cash _____ Check (Payable to "Great River Golf Club") _____ Credit Card

CC Number: _____ Name on Card: _____ Exp date: _____