

## 2024 JUNIOR DEVELOPMENT GOLF ACADEMY REGISTRATION FORM

REGISTRATION: This camp is intended for school aged children 6 - 11 years old

GOLFER'S NAME:	AGE:
ADDRESS:	CITY:
STATE:ZIP:	HOME PHONE:
CELL PHONE	
EMERGENCY CONTACT	PHONE #
1. ANY RESTRICTIONS/ALLERO	GIES?
2. ANY REQUIRED MEDICATION	ons?
3. SESSION(S) OF CHOICE	_ALTERNATE
4. METHOD OF PAYMENT CASE	H:CHECK #
CREDIT CARD: WE ACCEPT VISA	A, MASTERCARD, DISCOVER & AMEX
ACCOUNT #	EXP. DATE/
Please :	Make Checks Payable to Mill Pond Golf Course
	nagement of any liability or illness incurred while at the camp. I will be ical attention received at camp or from any injury received at camp.
PARENTS SIGNATURE:	E- MAIL ADDRESS
Mail Checks to:	
Mill Pond Golf Course Attn: Mike Zguris 300 Mill Road	

Medford, New York 11763

**OFFICE USE ONLY - CIRCLE Session** 

SESSION #1 JULY 9-11

**SESSION #2** JULY 16-18

**SESSION #3** JULY 23-25

**SESSION #4** AUGUST 6-8

SESSION #5 AUGUST 13-15

SESSION #6 AUGUST 20-22