



2024 JUNIOR GOLF ACADEMY REGISTRATION FORM

REGISTRATION: This camp is intended for school aged children 12 - 16 years old.

GOLFER'S NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE _____

EMERGENCY CONTACT _____ PHONE # _____

1. ANY RESTRICTIONS/ALLERGIES? _____

2. ANY REQUIRED MEDICATIONS? _____

3. SESSION(S) OF CHOICE _____ ALTERNATE _____

4. METHOD OF PAYMENT CASH: _____ CHECK # _____

CREDIT CARD: WE ACCEPT VISA, MASTERCARD, DISCOVER & AMEX

ACCOUNT # _____ EXP. DATE ___/___

Please Make Checks Payable to Mill Pond Golf Course

I hereby release the staff, camp management of any liability or illness incurred while at the camp. I will be financially responsible for any medical 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 8-11
SESSION #2 JULY 15-18
SESSION #3 JULY 22-25
SESSION #4 AUGUST 5-8
SESSION #5 AUGUST 12-15
SESSION #6 AUGUST 19-22