

# JUNIOR CAMP REGISTRATION FORM

NAME: \_\_\_\_\_ AGE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_  
STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
CELL PHONE \_\_\_\_\_  
EMERGENCY CONTACT \_\_\_\_\_ PHONE # \_\_\_\_\_

1. DOES JUNIOR HAVE ANY RESTRICTIONS/ALLERGIES? \_\_\_\_\_
2. DOES JUNIOR REQUIRE ANY 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

**(CIRCLE ONE)**

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|--------------------------------|--------------------------------|
| <b>SESSION #1 JULY 14-17</b>   | <b>SESSION #2 JULY 21-24</b>   |
| <b>SESSION #3 JULY 28-31</b>   | <b>SESSION #4 AUGUST 4-7</b>   |
| <b>SESSION #5 AUGUST 11-14</b> | <b>SESSION #6 AUGUST 18-21</b> |
| <b>SESSION #7 AUGUST 25-28</b> |                                |

**(OFFICE USE ONLY)**