

JUNIOR DEVELOPMENT CAMP REGISTRATION FORM

NAME: _____ AGE: _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____ HOME PHONE: _____

CELL PHONE _____

EMERGENCY CONTACT _____ PHONE # _____

1. ARE THERE ANY RESTRICTIONS/ALLERGIES? _____
2. ARE THERE ANY REQUIRED MEDICATIONS? _____
3. SESSION(S) OF CHOICE _____ ALTERNATE _____
4. METHOD OF PAYMENT CASH: _____ CHECK # _____

CREDIT CARD: WE ACCEPT VISA, MASTERCARD, DISCOVER AND 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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|--------------------------------|--------------------------------|
| SESSION #1 JULY 15-17 | SESSION #2 JULY 22-24 |
| SESSION #3 JULY 29-31 | SESSION #4 AUGUST 5-7 |
| SESSION #5 AUGUST 12-14 | SESSION #6 AUGUST 19-21 |
| SESSION #7 AUGUST 26-28 | |

(OFFICE USE ONLY)