

# 2016 Willow Springs Golf Course Junior Golfer Camp

Registration 3/18/16



**A separate registration form is required for each camper**

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home phone \_\_\_\_\_ Emergency phone \_\_\_\_\_

Parent/Guardian name(s) \_\_\_\_\_

Email for Camp info \_\_\_\_\_

Boy \_\_\_ Girl \_\_\_ Age as of June 30 \_\_\_ Most recent tetanus immunization (mo/yr) \_\_\_/\_\_\_

Pertinent medical information \_\_\_\_\_

Need to borrow golf clubs for camp? Y N If yes, RH or LH and Height \_\_\_\_\_

Monday – Thursday / 8:30 – 11:30 am / ages 7-14 / \$150

Circle One Camp July 11-14 July 18-21 Aug 8-11 Aug 15-18

**Payment in full must accompany this registration form to reserve a spot**

VISA / MasterCard / AMEX or a check payable to: Jeff Sprague

Credit Card payments may be made in person or call the golf shop

I agree to abide by all rules and regulations of Willow Springs Golf Course. I, on behalf of my child and myself, agree to indemnify and hold harmless Willow Springs Golf Course, their respective employees, officials, and guests harmless for any and all damages, costs, and expenses, including attorney's fees, incurred by reason of and/or in defending against all claims, made by or on behalf of me or my child against Willow Springs Golf Course pertaining to the activity for which my child is registering herein.

Parent/Guardian Printed Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

PO Box 55 West Friendship MD 21794 fax 410-489-7598 410-442-7700