

2017

## SUMMER CAMP REGISTRATION FORM

These camps provide an excellent opportunity for your child to learn the game of golf and meet some new friends. Camps will be 5 days (Monday – Friday) held each week in July & August. Open to juniors of all levels from 7 ~ 15 years. Each day (morning sessions) will include C.P.G.A Instruction on all aspects of the game including swing skills, chipping, putting, course management, rules & etiquette.

Half Day Camps from 9 ~ 12 will offered as well as Full Day Camps from 9 ~ 4pm. Green fees and equipment rental are included in the Full Day Camp. Full Day participants will be on the course each day, therefore must have experience playing 9 holes.

**FULL DAY CAMP ~ \$399 + GST      HALF DAY CAMP ~ \$219 + GST**

**PLEASE CHECK A LOCATION & HALF DAY or FULL DAY**

**LOCATIONS:** EAGLEQUEST DOUGLASDALE \_\_\_\_\_ **OR** EAGLEQUEST GOLF DOME \_\_\_\_\_

JC116	July 3 - 7	Half Day / Full Day	JC516	July 31 – Aug 4	Half Day / Full Day
JC216	July 10 - 14	Half Day / Full Day	JC616	Aug 8 – 11	Half Day / Full Day
JC316	July 17 - 21	Half Day / Full Day	JC716	Aug 14 – 18	Half Day / Full Day
JC416	July 24 - 28	Half Day / Full Day	JC816	Aug 21 - 25	Half Day / Full Day
			JC917	Aug 28 – Sept 1	Half Day / Full Day

**PLEASE CIRCLE HALF DAY OR FULL DAY FOR THE DATES YOU WOULD LIKE**

**Will you need equipment? YES or NO**

**If yes: RIGHT HANDED or LEFT HANDED**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Male/Female \_\_\_\_\_

Allergies: \_\_\_\_\_ Illnesses/Conditions to be aware of: \_\_\_\_\_

Email: (parents) \_\_\_\_\_ Phone # \_\_\_\_\_

**Lunch Option: YES / NO ~ \$40 + GST for the week (only available to Full Days)**

**Waiver/Release Agreement**

I, \_\_\_\_\_ freely and voluntarily acknowledge and assume all risks inherent in this program (including personal injury or property loss) and accordingly the participation of my child in this program is entirely at my own risk and not the responsibility of Eaglequest Golf

Date: \_\_\_\_\_ Parents Names: \_\_\_\_\_

Emergency phone #'s: \_\_\_\_\_

Signature: \_\_\_\_\_

**PAYMENT TYPE:** \_\_\_\_\_ **Card #** \_\_\_\_\_ **Expiry Date** \_\_\_\_\_

**Scan and email to: [tmclachlan@eaglequestgolf.com](mailto:tmclachlan@eaglequestgolf.com) or fax to: 403-279-0652**