

Summer Camp Registration Form

2017 Half Day Camp

Registration Information

Name _____

Address _____

City & Zipcode _____

Telephone # _____

E-Mail Address _____

Summer Camp Schedule

Session #	Dates	Age
One	June 20th - June 23rd	10-14
Two	June 27th - June 30th	7-10
Three	July 3rd - July 5th - 7th	7-10
Four	July 10th - July 13th	10-14
Five	July 17th, July 19th - 21st	7-10
Six	July 24th - July 27th	10-14
Seven	July 31st - August 3rd	7-10
Eight	August 7th - August 10th	7-10
Nine	August 14th - August 17th	10-14
Ten	August 22nd - August 25th	7-10

Emergency Contact Information

Name _____

Telephone # _____

1st Session # _____

2nd Session # _____

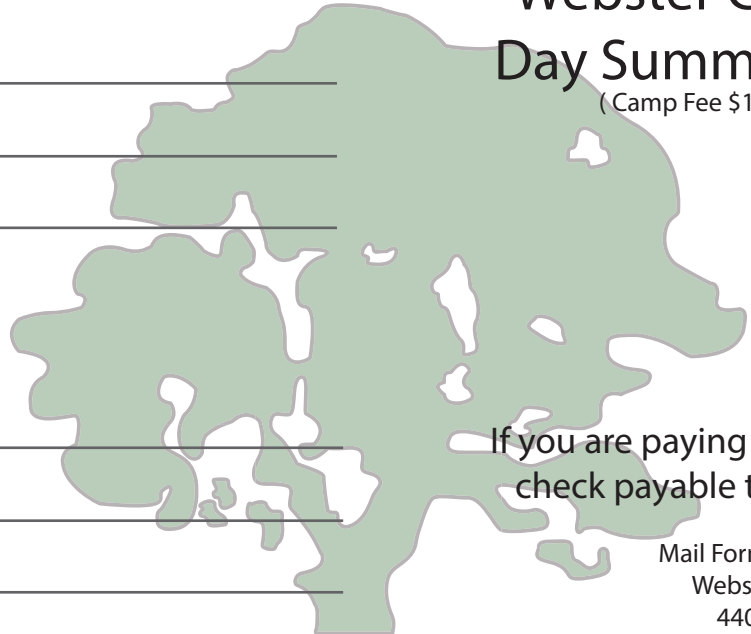
Additional Information

Pair Me With _____

Borrow Clubs _____

Date of Birth _____

**Webster Golf Club Half
Day Summer Camp \$170**
(Camp Fee \$165, Beverage Fee \$5)



Payment Information

Name On Card _____

Card Number _____

Expiration Date _____

Signature _____

If you are paying by check please make
check payable to "Webster Golf Club"

Mail Form and Check to:
Webster Golf Club
440 Salt Road
Webster, NY 14580