

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 12th - 14th	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

