

# Tacoma Golf Center 2018 Junior Camp

## Camp Information

Session 1: **Monday – Friday July 9<sup>th</sup> – 13<sup>th</sup>** (5 Day Camp)  
Session 2: **Monday – Friday & July 30<sup>th</sup> – Aug 3<sup>rd</sup>** (5 Day Camp)  
**Time: 9:00am – 1:00pm Mon – Thur,**  
**Fri 9:00am Golf Course TBD**

Cost **\$199.99 Per Session** (cost includes lessons, food, golf tournament and prizes)

## Junior Camp Session Selection

Please Select Junior Camp Session: ( ) **Session 1: July 9<sup>th</sup> – 13<sup>th</sup>**  
( ) **Session 2: July 30<sup>th</sup> – Aug 3<sup>rd</sup>**  
Will child participate in Tournament on Friday? Yes \_\_\_ No \_\_\_ (If your child is not sure, they want to play let us know by Wednesday)

## Junior Information

Name: \_\_\_\_\_ Email: \_\_\_\_\_  
Age: \_\_\_\_\_ Gender: Boy \_\_\_ Girl \_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Own Clubs: \_\_\_\_\_

## Emergency Contact Information (REQUIRED)

Name: \_\_\_\_\_ Relation to Child: \_\_\_\_\_  
Phone # Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

## Food Allergies

With Tacoma Golf Center providing food for the camp please let us know what food allergies your child has  
Allergies \_\_\_\_\_

**Foods that we will be having: TBD & Pizza**

## Parents: Read and Sign the Following

I agree to abide by Tacoma Golf Center. Failure to do so will result in loss of participation privileges. I will not hold Tacoma Golf Center, its staff instructors or other responsible for injury to my child, damage or loss to his/her property which occur while participating in this Junior Camp Program. I give permission to Tacoma Golf Center or its representatives to obtain emergency medical attention for my child if I am not available for consultation at the time of the injury

Parent's Name: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

## Payment Information

Payment Options (circle one) Check, Check # \_\_\_\_\_,  
Visa, Discover, MC, Amex  
Card Number: \_\_\_\_\_  
Exp. Date (MM/YY): \_\_\_\_\_  
Name as it Appears on the card: \_\_\_\_\_  
Billing Zip Code: \_\_\_\_\_ Security Code on Back of Card \_\_\_\_\_

**All Kids Age 7 and Up Welcome**