

SPRING BREAK JUNIOR CAMP REGISTRATION FORM

MONDAY- FRIDAY: MARCH 18TH- MARCH 22ND

AGES 6-17



HALF DAY (8:30AM-12PM):

1 DAY- \$65

2 DAYS- \$120

3 DAYS- \$175

4 DAYS- \$215

WHOLE WEEK- \$255

CAMP INFO

****MUST PRE-REGISTER BY SUNDAY, MARCH 17TH, 2019****

*LUNCH IS NOT PROVIDED. YOU MAY BRING YOUR LUNCH. SNACKS AND DRINKS ARE AVAILABLE FOR PURCHASE.

*REFUND REQUESTS MUST BE MADE 7 DAYS IN ADVANCE. WITHIN 7 DAYS MUST BE ACCOMPANIED BY A DOCTOR'S NOTE.

*PLEASE BRING A WATER BOTTLE TO CAMP EACH DAY. WATER WILL BE PROVIDED.

* \$10 SURCHARGE FOR DAY OF REGISTRATION

* SIBLING DISCOUNT- SAVE 10% FOR EACH ADDITIONAL SIBLING

CAMP CURRICULUM

- INSTRUCTION FROM PGA & LPGA GOLF PROFESSIONALS
- BASIC FUNDAMENTALS
- CHIPPING, PUTTING, PITCHING, DRIVING
- ON COURSE STRATEGIES & FUN

CUSTOM FIT GOLF ACADEMY @ JOHN PRINCE GOLF LEARNING CENTER

EMAIL: CUSTOMFITGOLF@ICLOUD.COM/TEL: 561-629-8723

4754 S. CONGRESS AVE. LAKE WORTH, FL 33461

WWW.PBCJOHNPRINCEGOLF.COM

PLEASE CHECK
WHICH SESSION
YOUR CHILD WILL
BE ATTENDING:

1 DAY- \$65 2 DAYS- \$120 3 DAYS- \$175 4 DAYS- \$215

WHOLE WEEK- \$255

TOTAL AMT PAID: \$ _____

PLEASE PRINT OR TYPE INFORMATION, RETURN UPON PAYMENT FOR SESSION

GOLF EXPERIENCE: (CIRCLE ONE) NEW TO GOLF BEGINNER INTERMEDIATE ADVANCED

HAVE YOU FILLED OUT A LIABILITY WAIVER?

YES NO

PARTICIPANT'S NAME: _____

LAST

FIRST

MIDDLE

EMERGENCY CONTACT: _____

NAME (PRIMARY GUARDIAN)

RELATIONSHIP

CELL PHONE

DATE _____

SIGNATURE MANDATORY (PARENT/GUARDIAN IF UNDER 18)

DATE PAID: _____

TRANSACTION#: _____

CASH: _____ CHECK: _____ CREDIT: _____

SESSION#: _____

PARTICIPANT REGISTRATION FORM DEADLINE: SUNDAY, MARCH 17TH, 2019

EMAIL PARTICIPANT REGISTRATION FORM TO: CUSTOMFITGOLF@ICLOUD.COM