



**REDLAND JUNIOR GOLF  
SUMMER CAMP  
REGISTRATION FORM**

Participant First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Age: \_\_\_\_\_ Male: \_\_\_\_\_ Female: \_\_\_\_\_

Parent/Guardian Information:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Additional Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**SUMMER CAMP HOURS:**

**MONDAY – THURSDAY – 9:00am – 3:00pm      FRIDAY – 9:00am – 12:00pm**

**WEEKLY FEE - \$150.00**

**WEEKLY FEE MUST BE PAID IN ADVANCE**

Registration form and Permission form must be emailed to [roxannejeghers@bellsouth.net](mailto:roxannejeghers@bellsouth.net)

**LIMITED SPACE AVAILABLE**

	DATES	ATTENDING	PAID (ADMINISTRATION USE)
WEEK 1	June 14 – June 18	YES ___ NO ___	
WEEK 2	June 21 – June 25	YES ___ NO ___	
WEEK 3	June 28 – July 2	YES ___ NO ___	
WEEK 4	July 12 – July 16	YES ___ NO ___	
WEEK 5	July 19 – July 23	YES ___ NO ___	
WEEK 6	July 26 – July 30	YES ___ NO ___	
WEEK 7	August 2 – August 6	YES ___ NO ___	
WEEK 8	August 9 – August 13	YES ___ NO ___	

For additional information please contact Roxanne Jeghers at 305-793-8325 or [roxannejeghers@bellsouth.net](mailto:roxannejeghers@bellsouth.net)