

SCHOOL HOLIDAY JUNIOR GOLF CAMP



Please tick

Tuesday 17th April 2018

Thursday 19th April 2018

Name:

Male / Female

Address:

Email:

Ph Home: Mobile:

Date of Birth:

Emergency Contact: Emergency Contact Ph:

Dietary Requirements:

Medical Conditions:

Are you coming along with any friends? If so, who:

Have you had any golf experience?

By signing this form:

I confirm that I am the parent/guardian of the person registered on this form.

I understand that although the Long Reef Golf Club and its employees attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there are inherent risks of personal injury involved in the Long Reef School Holiday Junior Camp, and I agree that my child participates in activities at his/her own risk

Signed Date:

Payment Details: \$80.00 per day

MasterCard/Visa Card #: ____ / ____ / ____ / ____ Exp: ____ / ____ CVV: ____

Signature:

Please return this form to the Office or Email to office@lrgc.com.au