

2015 JUNIOR GOLF CAMP



Program Registration Form

(Please print clearly. Parents may only register their own children.)

Dates: July 20th, 21st, and 22nd

Time: 9:00 AM – 10:15 AM

**PARENT/ GUARDIAN OR
HEAD OF HOUSEHOLD**

First Name: _____ Last Name: _____

DOB: _____ Address: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Email Address: _____

Please check appropriate box: Groveport Resident (verification required) All Others

EMERGENCY CONTACT: First Name: _____ Last Name: _____

Relation: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Participant First Name	Participant Last Name	Age	Birth Date	Gender (M/F)	Paid

Do any of the participants need special accommodations or assistance? YES NO

If YES, please document name of person & type of accommodation or assistance necessary. _____

Please make check payable to: CITY OF GROVEPORT

The Links at Groveport
1005 Richardson Rd. Groveport, OH 43125
(614) 836-5874
www.linksatgroveport.com