

2018 GOLF-HOCKEY CAMP- REGISTRATION FORM

\Box WEEK #1 JULY 16TH-20TH $\;\;\Box$ WEEK #2 JULY 30TH-AUG 3RD

CAMPER INFORMATION		PLEASE PRINT
Last Name:	First Name:	
Male Female	DOB (mm/dd/yy):	
Address:		
City:	Postal Code:	
Medical Conditions (including allergies):		
Golf Experience (ie range a few times a year, Sawmill'.	Junior program, 1 week camp last summer):	
Will your golfer need to borrow clubs from Sawmi	I for the week? Please circle: YES / NO	
If you need to borrow clubs for the week are you:	Please circle: RIGHT HAND / LEFT HAND	ı
Preferred hockey position: Please circle: CENTR	E / WING / DEFENCE / GOALIE	
2017 Hockey Team (eg Lincoln Atom AE):		
PARENT INFORMATION		
Mother's Name:		
Mother's Cell Number:		
Mother's Email:		
Father's Name:		
Father's Cell Number:		
Father's Email:		
PAYMENT INFORMATION		
E-transfer \$475 (HST included) to carrie@sawmillg	olf.com or cash (meeting spot at arena can b	e arranged)
	QUESTIONS, PLEASE CONTA LGOLF.COM OR 289.213.255	
OFFICE USE ONLY		
Registration form received (date):	Rung In (date):	
Payment Recieved: E-transfer □ Cash □		