

CAMPER INFORMATION

2020 GOLF-HOCKEY CAMP- REGISTRATION FORM

PLEASE PRINT

Last Name:	First Name:
Male Female	DOB (mm/dd/yy):
Address:	•
City:	Postal Code:
Medical / Behaviour Conditions (including allerg	ies):
Medications that need to be administered dur	ng camp hours:
Golf Experience (ie range a few times a year, Sawi	mill's Junior program, 1 week camp last summer):
My golfer has their own clubs: Please circle: YES / NO (if no can borrow clubs from Sawmill) Preferred hockey position: Please circle: CENTRE / WING / DEFENCE / GOALIE	
My child's t-shirt size: 🗆 YOUTH <u>OR</u> 🗆 ADULT	Check one: □ SM □ MED □ LG □ XL
PARENT INFORMATION	
Mother's Name:	
Mother's Cell Number:	
Mother's Email:	
Father's Name:	
Father's Cell Number:	
Father's Email:	
CAMB DAWE AND DAWNEND (
CAMP DATE AND PAYMENT (please check below) NOTE: E-transfer to carriejulie@hotmail.com / password is goalie	
□ WEEK #1 JULY 27TH-31ST \$495 (HST included)	
□ WEEK #2 AUGUST 4TH-7TH (4 day week Tues-Fri) \$395 (HST included)	
□ WEEK #3 AUGUST 17TH-21TH □ WEEK #4 AUGUST 24TH-2XTH	- ,

IF YOU HAVE ANY QUESTIONS, PLEASE CONTACT CARRIEJULIE@HOTMAIL.COM OR 289.213.2555