

CAMPERS INFORMATIONFemale Male

Name _____ Age _____

 New Camper Return Camper
 Beginner Intermediate Advanced

NOTE: Separate registration required for each camper.

PARENT/GUARDIAN 1**PARENT/GUARDIAN 2**

Name _____

Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ E-Mail _____

CAMP DATES: Please check the week(s) your child will attend

- | | |
|--|---|
| <input type="checkbox"/> WEEK 1: June 18 – June 22 | <input type="checkbox"/> WEEK 6: July 23 – July 27 |
| <input type="checkbox"/> WEEK 2: June 25 – June 29 | <input type="checkbox"/> WEEK 7: July 30 – Aug. 3 |
| <input type="checkbox"/> WEEK 3: July 2 – July 6 | <input type="checkbox"/> WEEK 8: Aug. 6 – Aug. 10 |
| <input type="checkbox"/> WEEK 4: July 9 – July 13 | <input type="checkbox"/> WEEK 9: Aug. 13 – Aug. 17 |
| <input type="checkbox"/> WEEK 5: July 16 – July 20 | <input type="checkbox"/> WEEK 10: Aug. 20 – Aug. 24 |
| | <input type="checkbox"/> WEEK 11: Aug. 27 – Aug. 31 |

SPECIALTY CAMP DATESAPRIL VACATION: April 23 – April 27 \$275**PAYMENT SCHEDULE**

A \$50 deposit per week or payment in full for each week reserved is required at registration. A 3% processing fee will be added to credit card payments. The balance is due prior to the start of the scheduled week(s), please see confirmation letter. We will accept reservations right up to the start of any week providing there are openings; payment in full is required.

TUITION & MISCELLANEOUS DUE

- | | |
|---|-------------|
| <input type="checkbox"/> April Vacation Week Camp @ \$275 | _____ |
| <input type="checkbox"/> Weekly Camp @ \$275 x Number of Weeks | = _____ |
| <input type="checkbox"/> Season Pass @ \$1800 | _____ |
| <input type="checkbox"/> Camp Hat @ \$15 ea x Qty | = _____ |
| <input type="checkbox"/> Camp Golf Shirt Unisex @ \$25 ea x Qty | = _____ |
| <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large <input type="checkbox"/> XLarge | |
| <input type="checkbox"/> Club Rentals @ \$25 per week x Number of Weeks = | TOTAL _____ |

WAIVER AND RELEASE

I have adequate medical insurance coverage, and give my daughter/son permission to attend the Foster's Golf Camp. We (or I) agree to indemnify the golf courses attended, their employees, Foster's Golf Camp and its employees, for any claim which may hereafter be presented by my daughter/son as a result of such injuries. In addition, our daughter/son understands all the rules and regulations of Foster's Golf Camp and promises to conform to such rules. I authorize Foster's Golf Camp to photograph and/or videotape my daughter/son for use in publications and/or website. I hereby authorize Ted Foster and/or instructors to act in my behalf, using the best judgment in any emergency requiring medical attention other than that maintained by the camp I will be responsible for any charges incurred and will pay such charges arising from the medical care of my child.

Parent's Signature: _____ Date: _____
 Emergency Contact: _____ Phone: _____

Send registration & payment to: Fosters Golf Camp 240 Tory Rd Manchester, NH 03104

Please note: Given the limited space all sales are final and deposits are non-refundable.

www.fostersgolfcamp.com