

**CAMPERS INFORMATION**Female 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.WEEK 1: April 23 - April 27WEEK 2: June 18 – June 29WEEK 3: June 25 – June 29WEEK 4: July 9 – July 13WEEK 5: July 16 – July 20WEEK 6: July 23 – July 27WEEK 7: July 30 – August 3WEEK 8: August 6 - August 10WEEK 9: August 13 – August 17WEEK10: August 20 – August 24WEEK11: August 27 – August 31**\*Camp will not be in session the week of July 4<sup>th</sup>.****PAYMENT SCHEDULE**

A \$50 deposit per week or payment in full for each week reserved is required at registration. A 5% processing fee will be added to credit card payments. After **April 9, 2018** full payment is required with registration. **We will accept registrations right up to the start of any week providing there are openings; payment in full is required.**

**TUITION & MISCELLANEOUS DUE**Weekly Camp @ \$295 x Number of Weeks = \_\_\_\_\_Season Pass @ \$2,145 = \_\_\_\_\_Camp Hat @ \$15 ea x Qty = \_\_\_\_\_Camp Golf Shirt Unisex @ \$25 ea x Qty = \_\_\_\_\_Small Medium Large XLargeClub Rentals @ \$30 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 instructors, 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.**THE ULTIMATE JUNIOR GOLF EXPERIENCE! CELEBRATING 25 YEARS!**[www.fostersgolfcamp.com](http://www.fostersgolfcamp.com)