

CAMPER'S REGISTRATIONFemale Male

Name _____ Age _____

- | | |
|---|--|
| <input type="checkbox"/> New Camper | <input type="checkbox"/> Return Camper |
| <input type="checkbox"/> Beginner <input type="checkbox"/> Intermediate | <input type="checkbox"/> 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: April 22 - April 26 | <input type="checkbox"/> WEEK 8: July 29 – August 2 |
| <input type="checkbox"/> WEEK 2: June 17 – June 21 | <input type="checkbox"/> WEEK 9: August 5 – August 9 |
| <input type="checkbox"/> WEEK 3: June 24 – June 28 | <input type="checkbox"/> WEEK10: August 12 – August 16 |
| <input type="checkbox"/> WEEK 4: July 1 – July 3 (3 days \$180.00) | <input type="checkbox"/> WEEK11: August 19 – August 23 |
| <input type="checkbox"/> WEEK 5: July 8 – July 12 | |
| <input type="checkbox"/> WEEK 6: July 15 – July 19 | |
| <input type="checkbox"/> WEEK 7: July 22 – July 26 | |

PAYMENT SCHEDULE

A \$50 deposit per week or payment in full for each week reserved is required with registration. A 5% processing fee will be added to credit card payments. After April 8th payment in full is required with registration. **We will accept registrations right up to the start of any week providing there are openings.**

TUITION & MISCELLANEOUS DUE

- | | |
|---|---------|
| <input type="checkbox"/> Weekly Camp @ \$295 x Number of Weeks | = _____ |
| <input type="checkbox"/> Season Pass @ \$2,145 | = _____ |
| <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 @ \$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 26 YEARS!**www.fostersgolfcamp.com