

CAMPER'S REGISTRATION

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 2023: Please check the week(s) your child will attend.

- WEEK 1: April 24 – April 28
- WEEK 2: June 19 – June 23
- WEEK 3: June 26 - 30
- WEEK 4: July 10 – 14
- WEEK 5: July 17 - 21
- WEEK 6: July 24 - 28
- WEEK 7: July 31 – August 4
- WEEK 8: August 7 – August 11
- WEEK 9: August 14 – August 18
- WEEK10: August 21 – August 25
- WEEK11: August 28 – September 1

PAYMENT SCHEDULE

A \$50 deposit per week or payment in full for each week reserved is required with registration. **After April 10th** payment in full is required with registration and all final payments are due. **We will accept registrations right up to the start of any week providing there are openings.**

TUITION & MISCELLANEOUS DUE

- Weekly Camp @ \$325 x Number of Weeks = _____
- Season Pass @ \$2,475 = _____
- Camp Hat @ \$15 ea. x Qty = _____
- Camp Golf Shirt Unisex @ \$25 ea. x Qty = _____
- Small Medium Large x Large
- 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 30 YEARS!

www.fostersgolfcamp.com