

EAGLE PINES JUNIOR GOLF CAMP REGISTRATION

Please fill out the information below and return with a check/cash for \$45 to:

Eagle Pines Golf Club
9373 North Country Club Road
 Mooresville, Indiana
46158

Name: _____ Age: _____

Address: _____

Phone Number: () -

Shirt Size: Adult ___ XL ___ L ___ M ___ S ___

 Youth ___ XL ___ L ___ M ___ S ___

Please indicate your child's golf experience level:

 No Experience ___ Some Experience ___ Experienced ___

Emergency Contact: _____

Phone: () -

Parents/Guardians: *Please read carefully and sign and date to acknowledge that you have read this statement.*

Eagle Pines Golf Club will do their best to keep all participants safe and out of danger of normal play. If an incident were to occur, Eagle Pines cannot be held responsible for injuries sustained during the scheduled hours of the camp.

x _____ Date: ___/___/___