



# Bella Collina Junior Golf Academy 2019 Registration Form

Participant's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Age: \_\_\_\_\_ Nickname: \_\_\_\_\_

Please Check All Weeks that your Child will Attend

**COST \$229 per week for Members, \$299 per week for Guests**

Includes Daily Lunch and Snack

(Check selected weeks and times)

<u>WEEK</u>	<u>DATE</u>	<b>8AM-12:30PM</b>
<b>Week 1</b>	<b>June 17 - June 21</b>	_____
<b>Week 2</b>	<b>June 24 - June 28</b>	_____
<b>Week 3 (Prorated)</b>	<b>July 1 - July 5 (except 4th)</b>	_____
<b>Week 4</b>	<b>July 8 - July 12</b>	_____
<b>Week 5</b>	<b>July 15 - July 19</b>	_____
<b>Week 6</b>	<b>July 22 - July 26</b>	_____
<b>Week 7</b>	<b>July 29 - August 2</b>	_____
<b>Week 8</b>	<b>August 5- August 9</b>	_____

**TOTAL AMOUNT OF MEMBERSHIP CHARGE**  
(Charged to your account at time of Registration)

\$ \_\_\_\_\_

Please List Your Child's Allergies: \_\_\_\_\_

Membership# \_\_\_\_\_ Signature \_\_\_\_\_

No refunds or reductions for missed days, withdrawals, late arrivals, or early dismissals.

**Golf Ability (circle one):** First Time/Just Beginning    Beginner    Intermediate    Advanced

Email Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Mobile Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work # \_\_\_\_\_

Father's Name \_\_\_\_\_ Work # \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

Who is Authorized to pick up your child? \_\_\_\_\_