



Bella Collina Junior Golf Camp

2024 Registration Form

Participant's Last Name: _____ First Name: _____

Age: _____ Nickname: _____

Please check all weeks that your child will attend

COST: \$269 per week for Members, \$329 per week for Guests

includes snack each day!

(Check selected weeks)

WEEK	DATE	9AM - 12PM
Week 1	June 11-14	_____
Week 2	June 18-21	_____
Week 3	June 25-28	_____
Week 4	July 9-12	_____
Week 5	July 16-19	_____
Week 6	July 23-26	_____

TOTAL AMOUNT OF MEMBERSHIP CHARGE

(Charged to your account at time of Registration)

\$ _____

Please List Your Child's Allergies: _____

Membership# _____ Signature _____

Does your child have golf clubs? *Circle: Yes or No*

What dexterity is your child? *Circle: Right Handed or Left Handed)*

Golf Ability *Circle one: first time/ just beginning beginner intermediate advanced*

Email Address: _____ Phone: _____ Mobile: _____

Mother's Name: _____ Work #: _____

Father's Name: _____ Work #: _____

Emergency Contact: _____ Phone #: _____

Who is Authorized to pick up your child? _____

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