## Lucas Golf center

# REGISTRATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Please Print) | | | | | | | | | | | | | | | | | | | | | | | | |
| **Dates Interested**: | | | | | | Camp Type:  ❑Full Day  ❑Half Day | | | | | | | Today's Date: | | | | | | | | | | | |
| camper INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| Camper’s last name: | | | | First: | | | | | Middle: | | | Age:  . | | | | Sex:  ❑ Male  ❑ Female | | | | Birth date: | | | | |
|  | | | | | | | | | | | | / / | | | | |
| Parent/Guardian Name: | | | | | | | | | | Cell phone no.: | | | | | | | | | | Home phone no.: | | | | |
|  | | | | | | | | | | ( ) | | | | | | | | | | ( ) | | | | |
| Address: | | | | | | | City: | | | | | | | State: | | | | | | | | ZIP Code: | | |
|  | | | | | | | |  | | |
| Any important info we need to care/teach this camper? (allergy/diabetic/etc.): | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| Payment INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
| Person responsible for bill: | | Birth date: | | | Address (if different): | | | | | | | | | | | | | | Home phone no.: | | | | | |
|  | | / / | | |  | | | | | | | | | | | | | | ( ) | | | | | |
| Payment Method:  ❑Cash ❑Check | | | Amount Owed (filled by staff): | | | | | | | | Amount Paid(filled by staff): | | | | | | | | | | Date Paid in Full:  / / | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| EMERGENCY Contact | | | | | | | | | | | | | | | | | | | | | | | | |
| Name: | | | | | | | | Relationship to camper: | | | | | | | | | Home phone no.: | | | | | | Work phone no.: | |
|  | | | | | | | |  | | | | | | | | | ( ) | | | | | | ( ) | |
| The above information is true to the best of my knowledge. I authorize my child to attend this camp. I understand that I am financially responsible for any balance. | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | |  | | |  | | | | | |  |
|  | Guardian signature | | | | | | | | | | | | | |  | | | Date | | | | | |  |