## 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 |  |