** Lucas Golf Center Camp**

 **Registration Form**

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| Dates Interested: | Camp Type: CircleHalf Day or Full Day | Today’s Date: |

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| **CAMPER INFORMATION** |
| Camper’s Last Name: First:  | Age: | Sex:Male/Female | Birth Date: |
| Parent/Guardian’s Name: | Cell Phone # | Home Phone # |
| Address: | City: | State: | Zip Code: |
| Email Address: |
| Any important information we need to care/ teach this camper? (Allergies/diabetic/etc.) |

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| **Questions** |
| Are you a returning Camper? Yes or No |
| How did you hear about us? |

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| **Payment Information** |
| Person Responsible for Bill: | Address (if different): | Home Phone #: |
| Payment Method:Cash/Check #Checks Made out to Lucas Golf Inc | Amount Paid | Date Paid in Full | Staff Initials |

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| **Emergency Contact** |
| Name: | Relationship to Camper: | Contact # |
| The above information is true to my knowledge. I authorize my child to attend this camp. I understand that I am financially responsible for any balance.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_Guardian Signature Date |