** Lucas Golf Center Camp**

**Registration Form**

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| Dates Interested: | Camp Type: Circle  Half 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 | | |