



# Ballymeade Country Club

## 2009 Junior Golf Program

### Application

Session One: July 13 - July 17

Session Two: August 3 - August 7

When registering your child or children, please make sure to list any medications that will need to be taken during camp, or if they have any particular **food allergies**. Lunch will be provided daily to the students.

**Please print all information:**

1st Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Time: \_\_\_\_\_

2nd Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Time: \_\_\_\_\_

3rd Camper's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Time: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_

Mailing Address (street or box #): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Telephone #: \_\_\_\_\_

Please note any health issues/**food allergies**: \_\_\_\_\_

Check here if continued on back of page.

	REGISTRATION FEE			Which Session July 13-17 OR Aug 3 - 7	Total Amount
	Member	Member Guest	Public		
<b>Ages 4-7 - One Session</b>	_____ x \$75	_____ x \$85	_____ x \$95		
<b>Ages 4-7 - BOTH Sessions</b>	_____ x \$120	_____ x \$135	_____ x \$150	BOTH	
<b>Ages 8-17 - One Session</b>	_____ x \$250	_____ x \$270	_____ x \$285		
<b>Ages 8-17 - BOTH Sessions</b>	_____ x \$450	_____ x \$480	_____ x \$515	BOTH	

Please return completed application WITH PAYMENT no later than July 1st, 2009.

**TOTAL**

**Payment Method:**

Check enclosed. Please make check payable to:

**Craig Garris**  
**c/o Ballymeade Country Club**  
**P.O. Box 367**  
**North Falmouth, MA 02556**

Ballymeade Country Club is not responsible for injury, sickness or otherwise harm that may occur to any participant during the course of the Junior Golf Program