

*The Golf Club at Cinco Ranch
Summer Golf Camp
Registration Form*

Student Name(s): _____

Age(s): _____ Food Allergies: _____

Parent Name: _____

Contact Person #1: (_____) - _____ - _____

Contact Person #2: (_____) - _____ - _____

E-Mail Address: _____

*Camp Dates & Times
(9:00 a.m. - 12:00 p.m.)
\$275 per junior (\$225 per additional family members)
The first 24 Registered and Paid are Guaranteed a Position*

Select Starting Week

June 5th _____ June 12th _____ June 19th _____ June 26th _____

July 10th _____ July 17th _____ July 24th _____ July 31st _____

Payment Method & Amount: Cash \$ _____ Check \$ _____ Credit Card \$ _____

Credit Card # _____

Expiration Date: _____ Security Code: _____

Please Circle Type: Amex Visa MasterCard Discover

**** All Campers Are Encouraged To Have Clubs - Tennis Shoes Allowed ****

Please Make Checks Payable To: Cinco Ranch Teaching Center