



## 2023 Junior Camp & Clinic Registration Form

Participant Information		
Name(First and Last):	Male <input type="checkbox"/>	Female <input type="checkbox"/>
Date of Birth:		
Address :		
City/Town:	Postal Code:	
Parent/Guardian Name		
Home Tel:		Cell:
E-Mail		
Will participant bring their own clubs? YES <input type="checkbox"/> NO <input type="checkbox"/> If No Clubs can be provided.		
Has participant attended a camp or clinic previously? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Does participant have previous golf experience? YES <input type="checkbox"/> NO <input type="checkbox"/>		
Any medical issues/allergies that we should be aware of? (Please be specific)		
Is there any other information that we should know?		

Social Media is a great way to promote The Legends and junior golf. We will not use names in any post only pictures to promote and show the success of The Legends Junior program. Do you consent to pictures to be posted for advertising and promotion only? YES  NO

Camp or Clinic Selection		
Please select the Clinic(s) or Camp(s) you would like your child to attend		
<b>May and June evening clinic *Fridays*</b>	5:00pm – 6:00pm (7-10 years old) <input type="checkbox"/>	
	6:15pm – 7:15pm (11-15 years old) <input type="checkbox"/>	
<b>Junior- Juniors: Saturday Mornings - June 3, 10, 17</b>	10:00am – 10:45 (7 & Under) <input type="checkbox"/>	
<b>July 4-6</b>	9:00am – 12:00pm (8 -15 years old) <input type="checkbox"/>	
<b>July 4-6</b>	12:30pm – 3:30pm (8-15 years old) <input type="checkbox"/>	
<b>August 2-4</b>	9:00am – 12:00pm (8-15 years old) <input type="checkbox"/>	

Emergency Contact Information		
Contact Person #1 Name:		
Relationship to participant:		
Home Tel:		Cell:
Contact Person #2 Name:		
Relationship to participant:		
Home Tel:		Cell:

Payment	
<b>Cost of Each Session</b> Spring Friday Evening (5 sessions) \$100 Saturday Morning Junior-Juniors (3 sessions) \$50 July Half Day Camp \$150 August Half Day Camp \$150	
Method of Payment <input type="checkbox"/> Cash <input type="checkbox"/> Debit <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> E-Transfer	
Credit Card #	Expiry Date (mm/yy)
Name on Card:	
Signature:	Date:

Registration form with payment information can either be submitted by e-mail, fax, or in person:

Email – [beikelenboom@golfthelegends.com](mailto:beikelenboom@golfthelegends.com)

Fax - (306) 931-6164

In Person – Legends Golf Club, 415 Clubhouse Boulevard East, Warman, SK S0K 4S1