



**WILLOWBROOK  
GOLF CENTER**

***2017  
SUMMER JUNIOR GOLF CAMP  
REGISTRATION FORM***

**CAMP DATE:** \_\_\_\_\_

**TIME:** 9:30 am -12:00 pm

**NAME:** \_\_\_\_\_

**AGE:** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **CELL:** \_\_\_\_\_

**EMAIL:** \_\_\_\_\_

**PAYMENT METHOD:** Credit Card \_\_\_\_\_ Check \_\_\_\_\_ Cash \_\_\_\_\_

**Make Payment to:** Willowbrook Golf Center

**STAFF SIGNATURE:** \_\_\_\_\_