



WILLOWBROOK GOLF CENTER

SUMMER JUNIOR GOLF CAMP REGISTRATION FORM

CAMP DATE: _____

TIME: 9:30 am -12:00 pm

NAME: _____

AGE: _____ **HAS CLUBS : YES** _____ **NO** _____

ADDRESS: _____

PHONE: _____ **CELL:** _____

EMAIL: _____

PAYMENT METHOD: Credit Card _____ Check _____ Cash _____

Make Payment to: Willowbrook Golf Center

STAFF SIGNATURE: _____