



Registration Form

PARTICIPANT NAME: _____

PHONE NUMBER: _____ EMAIL: _____

ADDRESS: _____

CITY: _____ POSTAL CODE: _____

EMERGENCY CONTACT NAME AND NUMBER _____

METHOD OF PAYMENT: VISA _____ AMEX _____ M/C _____

CARD NUMBER: _____ EXPIRY DATE: _____

CHEQUE ENCLOSED: _____ (No post dates please)

*If paying by cheque, space will not be reserved until payment is received.

DATE OF CLINIC: July 13-16 _____

August 10 - 13 _____

August 17-20 _____

All Caledon C.C. camp hours are 9 a.m. to 3 p.m. \$275 plus GST

Grand Highland Golf Club 376 Barondale Drive, Mississauga

July 20-22 _____

Camp hours 9 a.m. to 12 p.m. \$100 plus GST

AGE: _____

NUMBER OF YEARS PLAYED: _____