



Registration Form
HALF DAY
LUNCH IS NOT INCLUDED

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 dated please)

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

DATE OF CLINIC: July 12-16 _____

Aug 09-13 _____

Aug 16-20 _____

All Caledon C.C. camp hours are 9 a.m. to 12:00 noon \$150.00 plus HST =\$169

AGE _____

NUMBER OF YEARS PLAYED _____