

WTGC Summer Camp Registration

Name: _____

Address: _____

City: _____ Zip: _____

Home Phone: _____

Cell: _____

Age: _____

Address: _____

Email: _____

#of Weeks _____ X \$213.95 = _____ total Per child

Choose your weeks:

Jun 12 _____ Jul 10 _____ Jul 31 _____

Jun 19 _____ Jul 17 _____ Aug 7 _____

Jun 26 _____ Jul 24 _____

Make checks payable to:

Winston Trails Golf Club