

The Tradition Golf Club 2008 Junior Camp

Child's Name: _____

Address: _____

City, State, Zip: _____

Phone Number: _____

Camp Times: 8 AM to Noon, Monday - Thursday

Camp Cost: \$200 per session

Camp Dates:

June 30th-July 3rd _____

July 7th-July 10th _____

July 14th-July 17th _____

July 21st-July 24th _____

July 28th-July 31st _____

August 4th-August 7th _____

August 11th-August 14th _____

August 18th-August 21st _____

I hereby give my permission for my son/daughter to participate
in the 2008 Tradition Golf Club Junior Camp.

Parent's or Legal Guardian's signature: _____

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Method of Payment

Cash _____ Credit Card _____ Check _____

Please call 203-269-6023 ext. 302 if you have any questions.