## **2017 SUMMER CAMPS**

569 HIGHWAY #20 WEST FENWICK, ON LOS 1C0

PHONE: (905) 892-8844 FAX: (905) 892-7687

BENS@PENLAKES.COM

All camps are run by our PGA of **Canada Assistant Professional** Ben Scapillati



## **SUMMER JUNIOR CAMP - FULL DAY**

NAME OF JUNIOR APPLICANT: AGE: AGE: Price Includes:
BIRTH DATE (DD/MM/YY): AGE:
Price Includes:
HEALTH CARD NUMBER:Daily Lunch
ALLERGIES/HEALTH CONCERNS:On Course Instruction
EMERGENCY CONTACT NAME: Full Day Camp
EMERGENCY CONTACT PHONE NUMBER:
Camp Registration is
NAME OF CREDIT CARD HOLDER: limited to the first 20 applicants
ADDRESS OF CREDIT CARD HOLDER:
CITY: POSTAL CODE: E-mail forms to bens@penlakes.com
PHONE #:
E-MAIL ADDRESS:
Payment Method
□ Cheque □ Credit Card □ cash
_ 3.2.02 _ 3.22.0 3.02.0
CREDIT CARD #:
EXPIRY DATE:
☐ VISA ☐ MASTERCARD ☐ AMERICAN EXPRESS
Waiver and Consent
Personal Information collected for the Peninsula Lakes Golf Club Summer Camp "Little Lakers" Summer Golf Camp and Junior lessons will be used and held solely by Peninsula Lakes Golf Club. Information is collected for the operation of the camp which includes safety and emergency purposes and for future correspondence with camp participants which may include information about relevant upcoming events.
<b>Conduct</b> : The programs are operated by, and located on the Peninsula Lakes Golf Club premises. To this end, all registrants will respect the facilities and grounds, and will abide by Camp and Lesson rules. Failure to do so may result in immediate expulsion from the program or lesson, without refund of payment.
<b>Refund Policy</b> : Refunds will be issued for any cancellations received 7 days prior to the first day of attendance. All refunds are subject to a \$25 administration fee.
<b>Waiver and Consent</b> : I, the undersigned, hereby authorize Peninsula Lakes Golf Club or anyone acting on its behalf, to administer medical aid that may be required as a result of accident or injury sustained by my child. I hereby indemnify and save harmless Peninsula Lakes Golf Club from any and all actions, claims, and demands for damages, loss of injury, however arising, which here to after may have been sustained by my child while participating in the camps or lessons.
I have read and agree to the above. I also agree to the above total amount according to the card issuer agreement and in accordance with Peninsula Lakes Golf Club's rules and regulations.
Signature X Date