CAMPER'S REGISTRATION Name						□Male		
	New Camper Beginner		Intermediate		Retur Advar	n Camper nced		
NOTE	E: Separate registra	tion requir	ed for each campe	er.				
	RENT/GUARD					UARDIAN	I 2	
Name)						_	
Addre	9SS						-	
Home	Diale/Zip		Mork Phor				_	
Cell P	City/State/ZipWork Ph Home PhoneWork Ph Cell PhoneE-Mail		-Mail				- -	
CAN	IP DATES 20	20: Pleas						
	EK 1: April 27- May							
□WEEK 2: June 15 – June 19 □WEEK 8: July 27 – July 31 □WEEK 3: June 22 – June 26 □WEEK 9: August 3 – August 7								
					•	•		
□WEEK 4: June 29 – July 3 □WEEK10: Augu □WEEK 5: July 6 – July 10 □WEEK11: Augu								
						- August 21 - August 28		
	EK 7: July 20 – Jul		3 W.	-LIVIZ. A	ugust 2+	- August 20		
A \$50	required with regist	or paymen					stration. After April 10 ^t f any week providing t	
TUI	TION & MISC	ELLAN	EOUS DUE					
□Weekly Camp @ \$295 x Number of Weeks					=			
☐Season Pass @ \$2,145								
□Camp Hat @ \$15 ea x Qty								
□Camp Golf Shirt Unisex @ \$25 ea x Qty								
□Small □Medium □Large □XLarge								
□Club Rentals @ \$30 per week x Number of Weeks			=	=				
					TOTAL_			
WAI	VER AND RE	LEASE						
indemr by my and pro	nify the golf courses att daughter/son as a resu omises to conform to s	tended, thei ult of such ir uch rules. I	r employees, Foster's njuries. In addition, ou authorize Foster's Go	Golf Cam r daughter olf Camp to	p and its ins son unders photograp	structors, for any stands all the rule h and/or videotar	ster's Golf Camp. We (or I) claim which may hereafter es and regulations of Foster be my daughter/son for use adgment in any emergency	be presented r's Golf Camp in publications
medica							ed and will pay such charge	
Paren	nt's Signature:				Da	ate:		
Parent's Signature: Emergency Contact:					Date: Phone:			
•								

Send registration & payment to: Fosters Golf Camp~ 240 Tory Rd Manchester, NH 03104 **Please note**: Given the limited space all sales are final and deposits are non-refundable.