CAMPER'S REGISTRATION

❑Female ❑Male

Name_____ Age_____ DOB_____

❑ New Camper ❑ Return Camper

❑ Beginner ❑ Intermediate ❑ Advanced

NOTE: Separate registration required for each camper.

PARENT/GUARDIAN 1

Name_____

Address_____

City/State/Zip_____

Home Phone_____ Work Phone_____

Cell Phone_____E-Mail_____

PARENT/GUARDIAN 2

_____

CAMP DATES 2027: Please check the week(s) your child will attend.

❑WEEK 1: April 26 – April 30

❑WEEK 2: June 14 – June 18

❑WEEK 3: June 21 – June 25

❑WEEK 4: June 28 – July 2

❑WEEK 5: July 12 – July 16

❑WEEK 6: July 19 – July 23

❑WEEK 7: July 26 – July 30

❑WEEK 8: August 2 – August 6

❑WEEK 9: August 9 – August 13

❑WEEK10: August 16 – August 20

❑WEEK11: August 23 – August 27

PAYMENT SCHEDULE

A $50 deposit per week or payment in full for each week reserved is required with registration. **After April 5th** payment in full is required with registration and all final payments are due. **We will accept registrations right up to the start of any week providing there are openings.**

TUITION & MISCELLANEOUS DUE

❑Weekly camp @ $395 x Number of Weeks =_____

❑Season Pass @ $2,950 (limited availability) _____

❑Camp Hat @ $20 ea. x Qty = _____

❑Camp Golf Shirt Unisex @ $35.00 ea. x Qty = _____

❑Small ❑Medium ❑Large ❑x Large

❑Club Rentals @ $30 per week x Number of Weeks = = _____

TOTAL_____

WAIVER AND RELEASE

I grant my child permission to attend and participate in activities at Foster's Golf Camp acknowledging the inherent risks involved in such activities. We (or I) agree to indemnify the golf courses attended, their employees, Foster's Golf Camp, and its coaches/counselors, from any liability for injuries or damages that may occur during participation. I hereby authorize Ted Foster and/or coaches/counselors to act on my behalf to administer medical treatment in case of an emergency. Parents are responsible for any medical costs incurred. In addition, our child understands the code of conduct and ethical standards of Foster's Golf Camp and promises to adhere to such rules at all times. I grant permission to Foster's Golf Camp allowing my child to be photographed and/or videotaped for use in publications and/or websites.

Parent's Signature: _____ Date: _____

Emergency Contact: _____ 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.

THE ULTIMATE JUNIOR GOLF EXPERIENCE! CELEBRATING 34 YEARS!

www.fostersgolfcamp.com