

**F**  **STERS GOLF CAMP**  
**TUBING TRIP!**  
**SATURDAY**  
**FEBRUARY 9TH!**

**\$39.00**  
 8:00 am  
 to 4:00 pm

*Dropoff and pick at Derryfield ball park  
 Call 603.622.1553 to RSVP by January 29th*



**GUNSTOCK**  
SINCE 1937  
 MOUNTAIN RESORT  
 Afternoon  
 trip to  
**Funspot!**  
OPEN ALL YEAR

**CAMPERS INFORMATION**

Female       Male

Name \_\_\_\_\_ Age \_\_\_\_\_

New Camper       Return Camper  
 Beginner       Intermediate       Advanced

**PARENT/GUARDIAN 1**

**PARENT/GUARDIAN 2**

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City/State/Zip \_\_\_\_\_  
 Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Cell Phone \_\_\_\_\_ E-Mail \_\_\_\_\_

**WAIVER AND RELEASE**

I have adequate medical insurance coverage, and give my daughter/son permission to attend the Foster's Golf Camp. We (or I) agree to indemnify the golf courses attended, their employees, Foster's Golf Camp and its employees, for any claim which may hereafter be presented by my daughter/son as a result of such injuries. In addition, our daughter/son understands all the rules and regulations of Foster's Golf Camp and promises to conform to such rules. I authorize Foster's Golf Camp to photograph and/or videotape my daughter/son for use in publications and/or website. I hereby authorize Ted Foster and/or instructors to act in my behalf, using the best judgment in any emergency requiring medical attention other than that maintained by the camp I will be responsible for any charges incurred and will pay such charges arising from the medical care of my child.

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 non-refundable.