



4 km south of Bank & Hunt Club
7 days advance tee time booking
3798 Bank Street, Ottawa, Ontario K1T 3W4
Pro Shop (613) 521-2612
www.capitalgolf.ca

JUNIOR GOLF CAMP PROGRAM-2014

Registration Form (*please print*)

STUDENT'S NAME: _____

Mailing Address: _____

Home Phone # _____

Allergies or special requirements: _____

Date of Birth: _____

Health Card# _____

First Contact Name: _____

Daytime Phone # _____

Email Address: _____

Second Contact Name: _____

Daytime Phone # _____

Email Address: _____

DOCTOR'S NAME: _____

Doctor's Address _____

Doctor's Phone # _____

EMERGENCY Contact Name: _____

Phone # _____

Relationship to student: _____

Choice of Week (*check preference*)-Participating in Tournament

July 7-11

July 14-18

July 21-25

July 28-Aug 01

Aug 11-15

Aug 18-22

Aug 22 (Final Tournament)

Level (*check preference*)

Level 1

This level is "introduction to golf", developed to teach your child the game of golf by introduction the fundamentals of grip, posture, alignment and the swing. Golf etiquette is also a key element.

Level 2

This level for juniors with some golf experience. The program will focus on the finer points of the golf swing such as ball flight laws (i.e. cause and effect), swing plane, swing mechanics and course management.

Level 3

This level is designed to fit specific needs in your junior's game and teaches them how to strive for the next level. The program focuses on competitive play, specific swing flaws, and mental approaches and how to apply them to the game.



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Permission to allow child to go to the park next to Capital Golf Centre at lunch time – accompanied by camp counselors.

Enclosed is my payment of \$325.00 + HST = \$367.25
 Enclosed is my payment of \$40.00 (HST included) for the Tournament for a total \$407.25 (optional)

Cheque

Visa

Mastercard

Credit card # _____ CVD # _____ Exp (mm/yy) ____/____

Cardholder's Signature _____ Date: _____

Cardholder's Name _____

"I _____, legal guardian of _____, who is a student of Capital Golf Centre, authorize the bearer of this form to seek emergency medical attention and treatment for the child named above in the event that I am unable to be contacted immediately."

Signed _____

Date _____