

TCC Summer Camp

July 12 -14, 2017

(One Per Child)



Registration:

Name: _____

Address: _____

Phone: _____

Email: _____

Age: _____

Emergency Contact: Name _____

Relationship: _____ Phone: _____

Have participated in our camp before? _____

Skill Level (Beginner, Intermediate)

Golf: _____ Have equipment: _____

Tennis: _____ Have Equipment: _____

Swimming: _____ Supply lifejacket if needed: _____

Medical Conditions: _____

Dietary Issues: _____ Allergies: _____

Payment: _____ Date: _____