



Junior Golf Summer Camp
 Hosted By:
Lakeville South Boys Golf



PARTICIPANT'S INFORMATION:

Last Name: _____ First Name: _____

Gender: Female Male Age: _____

Home address: _____

City: _____ State/Province: _____ Postal/Zip Code: _____

Telephone: _____ Cell: _____

(Include area code with telephone)

Parent email: _____

Mother's name: _____ Father's name: _____

Mother's day phone: _____ Father's day phone: _____

Mother's cell: _____ Father's cell: _____

Person's Authorized to pick up child: _____

Other Dismissal Arrangements _____

Emergency Contact*: _____ Relationship: _____ Phone: _____

Specify any of your child's health problems: _____

Camp Dates: 36 individuals per session (Circle your Session)

- Session #1 8 AM – 10 AM June 17 – June 20 Session #2 10:30 AM – 12:30 PM June 17 – June 20
- Session #3 8 AM – 10 AM June 24 – 27 Session #4 10:30 AM – 12:30 PM June 24 - 27

Registration fee: \$100.00

****Payments:**

MAKE CHECKS PAYABLE TO: LAKEVILLE SOUTH BOOSTER CLUB/BOYS GOLF

MAILING ADDRESS: Kirk A Reiners, 1481 Woodhill Rd, Burnsville, MN 55337

Contact Information

For more information contact Kirk Reiners – Head LS Boys Golf Coach at

Phone: 612-868-9207

Email: Kirk.Reiners@ISD194.org

SIGNATURE OF PARENT OR GUARDIAN _____ DATE _____