



White Sands

GOLF COURSE & PRACTICE CENTRE • ORLEANS

1705 St. Joseph Blvd., Orleans ON K1C 7L1
 613.837.GOLF (4653) FAX: 613.837.5693
 Email: info@whitesandsgolf.ca

2010 JUNIOR CAMP REGISTRATION

GOLFER NAME: _____
LAST / NOM DE FAMILLE FIRST / PRENOM

ADDRESS: _____
NUMBER / NUMÉRO STREET / RUE CITY / VILLE PROVINCE POSTAL CODE POSTAL

PHONE# _____
HOME / MAISON WORK / TRAVAILLE CELLULAR / CELLULAIRE

E-MAIL ADDRESS / COURRIEL: _____

HEALTH CARD NUMBER: _____ DATE OF BIRTH: _____

WILL GOLF CLUBS BE NEEDED? NO / YES → RIGHTHAND LEFTHAND

DOES YOUR CHILD HAVE ANY PHYSICAL LIMITATIONS OR MEDICAL CONDITIONS? NO / YES

If yes, please explain: _____

HOW MANY WEEKS WILL YOUR CHILD ATTEND: _____ (CIRCLE WEEKS BELOW)

WEEK 1: JULY 6 – 9 WEEK 2: JULY 13 – 16 WEEK 3: JULY 20 – 23 WEEK 4: JULY 27 – 30

WEEK 5: AUG 3 – 6 WEEK 6: AUG. 10 – 13 WEEK 7: AUG. 17 – 20 WEEK 4: AUG. 24 - 27

SIGNATURE: _____ DATE: _____

Payment must be made on site. A reservation will be made once payment has been made.