

Montclair CC—Junior Golf Camps—Please Print Clearly

Child's Name: _____

Child's Age: _____

Parent's Name: _____

Email Address: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone #: _____

Cell Phone #: _____

Emergency Contact: _____

Phone #: _____

Club Member: Yes or No (Circle One)

Dates (circle one or both): August 2nd - 5th & August 16th - 19th

Club Member #: _____

Check Enclosed: _____

ALLERGIES: _____

***In an emergency, I/we hereby authorize the staff of Montclair Country Club to obtain the necessary treatment for our child's well being, and do hereby release the staff of Montclair Country Club of any responsibility for any injury that may be incurred during the camp.

Parent/Guardian Signature: _____

Date: _____