



# Golf 101 Summer Camp Registration

[www.101sports.ca](http://www.101sports.ca)

Location: 550 Centennial Park Blvd, Etobicoke, ON

Golfer's Last Name	Golfer's First Name	Age	
Parent/Guardian's name	Relation	Phone number	
E-mail			
Emergency Contact Name	Relation	Phone number	
Medical Notes			
Half Day \$350 + HST 9:00 AM - 12:00 PM or 12:30 PM - 3:30 PM Note: for 4 Day week / Half Day is \$280 + HST			
Golf Camp Weeks	AM Half Day	PM Half Day	
June 29 - July 3 (4 day week)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
July 6 - July 10	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
July 13 - July 17	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
July 20 - July 24	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
July 27 - July 31	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
August 4 - August 7 (4 day week)	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
August 10 - August 14	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
August 17 - August 21	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
August 24 - August 28	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____
		<b>Total</b>	\$ _____
<b>Total Fee</b> _____ (all payments will be made and processed to SWIM 101 Inc.)			
<input type="checkbox"/> Cash <input type="checkbox"/> etransfer to <a href="mailto:info@101sportsgroup.ca">info@101sportsgroup.ca</a>			
<input type="checkbox"/> _____ Expiry Date __ / __ CVV ____			
<input type="checkbox"/> _____ Expiry Date __ / __ CVV ____			
Card Holders Name (Please Print) _____			
Signature of Card Holder _____		Date _____	

Send completed registration form to [info@101sportsgroup.ca](mailto:info@101sportsgroup.ca)