



Bella Collina Junior Golf Academy

2023 Registration Form

Participant's Last Name: _____ First Name: _____

Age: _____ Nickname: _____

Please check all weeks that your child will attend
COST: \$249 per week for Members, \$299 per week for Guests
includes snack each day!

(Check selected weeks and times)

<u>WEEK</u>	<u>DATE</u>	<u>9AM - 12:00PM</u>
Week 1	June 13-16	_____
Week 2	June 20-23	_____
Week 3	June 27-30	_____
Week 4	July 11-14	_____
Week 5	July 18-21	_____
Week 6	July 25-28	_____

TOTAL AMOUNT OF MEMBERSHIP CHARGE
(Charged to your account at time of Registration)

\$ _____

Please List Your Child's Allergies: _____

Membership# _____ Signature _____

No refunds or reductions for missed days, withdrawals, late arrivals, or early dismissals.

Golf Ability (circle one): First Time/Just Beginning Beginner Intermediate Advanced

Email Address _____

Home Phone _____ Mobile Phone _____

Mother's Name _____ Work # _____

Father's Name _____ Work # _____

Emergency Contact _____ Phone # _____

Who is Authorized to pick up your child? _____