



2018 Five Ponds "Teen" Camps

Camper's Name: _____

Contact Name: _____ Phone: _____

Address: _____

E-Mail: _____

Special Needs/Allergies: _____

2017 "Teen" Camp Schedule – Class size limited to 12 students

This "learn- through-play" camp is geared towards the teenage golfer, with some golf experience, with the potential to play High School or college golf. Each student must have their own set of golf clubs. A good portion of this camp will take place on the golf course.

3 Day "Teen" Camps **9:30am-1:00pm** **Ages 13-19** **\$265**

__ Session 1 – 7/17-7/19 (Tuesday-Thursday)

__ Session 2 – 8/7-8/9 (Tuesday-Thursday)

Need NEW CLUBS? Order today at a discount and have before clinic / camp starts!!

Strata Golf Clubs: (Please check off LH or RH)

<u>Men's</u>	<u>Hand</u>	<u>Price</u>
STRATA 15 12PC Men	__ RH/LH __	\$225
STRATA PLUS 15 16PC Men	__ RH/LH __	\$325
STRATA ULTIMATE 16 18PC Men	__ RH/LH __	\$425
<u>Women's</u>	<u>Hand</u>	<u>Price</u>
STRATA 15 11PC Women	__ RH/LH __	\$225
STRATA PLUS 15 14PC WMN	RH ONLY	\$325
STRATA ULTIMATE 16PC WMS	RH ONLY	\$425

Payments may be either **CASH/CHECK** or **CREDIT CARD** for the Clinic. Make all checks payable to: **Five Ponds Golf Club**.

By my signature, I indicate that I fully understand that I shall abide by all rules and regulations of the Management.

Credit Card Info - Name (as it appears on card) _____

Visa - MC - AMEX _____

Exp: _____ Cid: _____

Signature: _____ Date: _____

Please return form with payment: Mail to:

**Attn. Daulton George
Five Ponds Golf Club
1225 West Street Road
Warminster, PA 18974**

For any questions please call us at 215-956-9727

Your Release & Waiver for Junior Golf Participation

I willingly agree and assume all responsibility for the participant named above in any and all activities at Five Ponds Golf Club, Spirit Golf Management and its agents and employees for any and all injury, disability, or loss or damage to person or Property to the fullest extent of the law. I knowingly and freely assume all risks both known and unknown, even if arising from negligence or other participants and employees. I also assume full responsibility for all medical costs, Attorney's fees, and all other damages from injury to the above name participant. By signing below, I acknowledge that I have read understand, and agree to the above release and waiver regarding participation in any and all junior golf activities at Five Ponds Golf Club.

Print Name: _____

Parent / Guardian Signature: _____ **Date** _____