



2011 Summer Camp Registration Form

Student's Name First Last

Address

City State Zip

Telephone Email

Date of Birth Age Sex

Years Playing _____ Skill Level Beginner
 Intermediate
 Advanced

Camp Sessions

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> June 27—30 | <input type="checkbox"/> August 1—4 |
| <input type="checkbox"/> July 5—8 | <input type="checkbox"/> August 8—11 |
| <input type="checkbox"/> July 11—14 | <input type="checkbox"/> August 15—18 |
| <input type="checkbox"/> July 18—21 | <input type="checkbox"/> August 22—25 |
| <input type="checkbox"/> July 25—28 | <input type="checkbox"/> August 29—Sept 1 |

Tuition: \$495—per week X _____ weeks = \$_____

Payment Options; MasterCard, Visa, Cash, Check, Money Order
Make check payable to: **Laudien Golf Enterprises Inc.**

Mail check and this application to:
Michael Laudien
PO Box 493
Theills, NY 10984