



2010 Summer Camp Registration Form

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Student's Name                      First                      Last

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Address

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City    State                      Zip

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Telephone                      Email

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Date of Birth    Age                      Sex

# Years Playing \_\_\_\_\_ Skill Level  Beginner  
 Intermediate  
 Advanced

**Camp Sessions**

- |   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> June 28—July 1 | <input type="checkbox"/> August 2—5   |
| <input type="checkbox"/> July 5—8       | <input type="checkbox"/> August 9—12  |
| <input type="checkbox"/> July 12—15     | <input type="checkbox"/> August 16—19 |
| <input type="checkbox"/> July 19—22     | <input type="checkbox"/> August 23—26 |
| <input type="checkbox"/> July 26—29     |                                       |

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**