



# Junior Golf Camp

PIKE LAKE GOLF CENTRE

Unit P-01, 9625 Pike Lake Road  
R.R. #3, Clifford, Ontario N0G 1M0  
HST# 104199146

**PRO SHOP**

1-800-265-2551 [proshop@pikelake.com](mailto:proshop@pikelake.com)  
519-338-3010 [www.pikelake.com](http://www.pikelake.com)

**Junior Golfer Information:**

Name \_\_\_\_\_ E-mail \_\_\_\_\_  
 Address \_\_\_\_\_  
 Town/City \_\_\_\_\_ Date of Birth (Month/Day/Year) \_\_\_\_\_  
 Postal Code \_\_\_\_\_ Province \_\_\_\_\_  
 Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Gender Identity: \_\_\_\_\_

**Parent Information:**

Name \_\_\_\_\_ Phone (w) \_\_\_\_\_  
 E-Mail \_\_\_\_\_ Phone (c) \_\_\_\_\_

**Camp Session you wish to attend**

SESSION 1 July 6 to 9 FULL	<input type="checkbox"/> SESSION 1 July 9 to 9 1PM to 4PM	SESSION 2 July 13 to 16 FULL
SESSION 3 July 20 to 23 FULL	<input type="checkbox"/> SESSION 3 July 20 to 23 1PM to 4PM	<input type="checkbox"/> SESSION 4 July 27 to 30 9AM to 12PM

Bucket Hat Size:  Youth S/M  Youth L/XL

Office Use Only	Junior Day Camp (Ages 9 to 13)	QTY: _____ \$196.85 + HST = \$222.44 per Session
		<b>SUBTOTAL:</b> _____
		<b>TOTAL FEES DUE:</b> _____
Payment Method: <input type="checkbox"/> Cash <input type="checkbox"/> Cheque <input type="checkbox"/> Debit <input type="checkbox"/> Gift Card <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Amex <input type="checkbox"/> E-Transfer		
		Received By: _____ INVOICE # _____

Please email the completed form to [proshop@pikelake.com](mailto:proshop@pikelake.com)  
and we will follow up for payment. Thank you!

