



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
519-338-3010 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

<input type="checkbox"/> SESSION 1 July 7 to 10 9AM to 12PM	<input type="checkbox"/> SESSION 1 July 7 to 10 1PM to 4PM	<input type="checkbox"/> SESSION 2 July 14 to 17 9AM to 12PM	<input type="checkbox"/> SESSION 2 July 14 to 17 1PM to 4PM
<input type="checkbox"/> SESSION 3 July 21 to 24 9AM to 12PM	<input type="checkbox"/> SESSION 3 July 21 to 24 1PM to 4PM	<input type="checkbox"/> SESSION 4 July 28 to 31 9AM to 12PM	<input type="checkbox"/> SESSION 4 July 28 to 31 1PM to 4PM

T-Shirt Size: Youth XS Youth S Youth M Youth L Youth XL Adult S Adult M Adult L Adult XL

Office Use Only	Junior Day Camp (Ages 7 to 13)	QTY: _____ \$189.28 + HST = \$213.89 per Session
		SUBTOTAL: _____
		TOTAL FEES DUE: _____
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 assistantpro@pikelake.com
and we will follow up for payment. Thank you!

