

Camper Information			
Camp Number:Camp Start Date: _		<u>Camper's Gender:</u> Male Female	
Camper's Name:		Home Phone:	
E-mail:		DOB	
	In Case of Em	ergency	
Parent/Guardian:	Cell Phone:		
Parent/Guardian:			
	Parental Notice a	nd Approval	
How did you hear about us? Friend Relative Internet Work Radio Other	How many years have you been	1 in our program	Will your child be carpooling? Y - N With:
The Links does give out treats (g	llergies that we should be aware of (F um, candy, pop, etc) please instruct you for them to consume. Is there a substi	ir child to not accept	an item unless they are absolutely sure it is
regulations in place and set forth by the i		ny Jacobs, the instructors	Golf Academy. My child will follow all rules and , The Links Golf Academy, and The Links at Ireland ticipation in this program.
Parental Signature			Camp Fee \$ 150 Make checks payable to Kenny Jacobs