



WEST GRAND GOLF 2017 JUNIOR CAMP ENTRY FORM

Student's Name _____ Age _____ M or F

Address _____

City _____ State _____ Zip _____

Parent or Guardian _____

E-Mail _____

Home Phone _____ Mobile/Work Phone _____

Signature of Parent or Guardian _____

(Your signature releases West Grand Golf and Sarah Ward from any and all liability for any injury to your child.)

Do you need golf clubs? NO _____ Yes _____

(Golf clubs are available for those who do not have them.)

Please circle which camp you wish to attend.

	<u>DATE</u>	<u>TIME</u>	<u>RAIN DATE</u>
1.	June 5-7 (M-W)	9-11am	June 9 (Fri.)
2.	June 19-21 (M-W)	9-11am	June 23 (Fri.)
3.	July 10-12 (M-W)	9-11am	July 14 (Fri.)
4.	July 17-19 (M-W)	9-11am	July 21 (Fri.)

Please make checks payable to Sarah Ward and enclose:

A check for the amount of \$100 for every child entered.

A separate entry form for each child entered.

Send to:

Sarah Ward at West Grand Golf

6450 Raccoon River Drive

West Des Moines, IA 50263

