



2017 Hiawatha Trails Summer Golf Camp form

Camper's Name: _____

Address: _____

City, State, Zip: _____

Age: _____ Grade entering in fall: _____

Parent's Names: _____

Home Phone: _____ Work Phone: _____ Cell Phone _____

Email: _____ (will only use for camp info)

Emergency Contact: Name: _____ Phone: _____

Name: _____ Phone: _____

Fee: \$130.00 per week

Session(s): Please Circle. June 10th-July 14th July 24th-28th July 31st- August 4th

Total: \$ _____ (Please make checks payable to Hiawatha Trails Golf Course)

Any questions you can call the clubhouse at (518)456-9512