

BRAEMAR SUMMER JUNIOR GOLF CAMP 2011

Name_____M- F___Age___
(Only one child's name per application)

Parents Name_____Membership#_____

Address_____City_____Zip_____

Home Phone()_____Work Phone()_____

Emergency contact Name_____Day Phone_____

Would you like to be on our E mail Data Base?

E Mail_____Please print clearly

Please notify us of any medical conditions or special arrangements for you child.

Indicate your choice of sessions:

Junior Summer Golf Camp 9:00 AM to 4:00 PM

June 6-9 June 13-16 June 20-23 June 27-30
July 4-7 July 11-14 July 18-21 July 25-28
August 1-4 August 8-11 August 15-18 August 22-25 August 29- September 1

Cost for Members per Week: \$390

Cost for Members per Week Non Members: \$490

Make checks payable to Braemar Country Club, Credit Card Number or
Bill My Club Account #_____

BRAEMAR COUNTRY CLUB, P.O. BOX 570217, TARZANA , CA 91357

Please read and sign the Release and Indemnity Agreement on the back
Office Use only

Session # Ticket # Date paid Amt.Paid Method
