

Camp Date (circle): May 29-31, 2018 June 26-28, 2018 July 24-26, 2018 Student Name: Age & DOB: Gender (circle): Male or Female Skill Level (circle one): Beginner Intermediate Advanced Experience (i.e. has played before or no experience):_____ Does the Student Have Golf Clubs?(circle): Yes or No Allergies/Medical Conditions to be Aware of: Parent/Guardian Name(s): Phone Number:_____ Email: ____ Address: _____ City: ____ State: ___ Zip: ____ \$80 per Student per camp Form of Payment (circle): Check(Made out to Werner Golf Academy) Cash Total Payment Amount: \$

Please return form with payment to Werner Golf Academy at least 1 week in advance.

Email: wernergolfacademy@gmail.com for PayPal

Mailing Address: 8717 S 33rd Street #3-303; Lincoln, NE 68516

Parent/Guardian Signature: Date: