



 2020 YOUTH **GOLFARI**

 PINE NEEDLES

Child's Name _____
 First **Last** **"Nickname"**

Address: _____
 Street **City** **State** **Zip Code**

Age at time of Camp ____ Birth Date _____ Weight ____ Height ____ Sex ____ Grade in Fall 2020 _____

Mother: _____ (Mobile) _____
 First **Last**

Address _____
 Street **City** **State** **Zip Code**

Home Phone _____ Work Phone _____ E-Mail _____

Father: _____ (Mobile) _____
 First **Last**

Address _____
 Street **City** **State** **Zip Code**

Home Phone _____ Work Phone _____ E-Mail _____

Please enroll my child in the Pine Needles Youth Golfari to be held Sunday, July 19th through Saturday, July 25th

Has your child attended Youth Golfari before? Yes No (please check)

If yes, when? _____ How many camps have they attended? _____

Please indicate your child's skill level so we may place him/her in the correct golf group:

- | | |
|--|--|
| <input type="checkbox"/> No Golf Experience | <input type="checkbox"/> Golfer with Experience |
| <input type="checkbox"/> New Golfer, But No on Course Experience | <input type="checkbox"/> New Golfer with Course Experience |
| <input type="checkbox"/> Play Left Handed | <input type="checkbox"/> Play Right Handed |

_____ Current USGA Handicap 18-Hole _____ 18-Hole Average Score

_____ Current USGA Handicap 9-Hole _____ 9-Hole Average Score

My child would like to room with _____ (one roommate only - not guaranteed).
 Please coordinate with this roommate prior to sending in your application. No room changes will be made two weeks prior to arrival.



Golf Shirt Size (Please check one):

Youth sizes:

- Med (10-12)
LG (14-16)
X-LG (18-20)

Adult sizes:

- XS
SM
MD
LG
X-LG

I authorize my child to charge up to \$_____ for miscellaneous expenses during Youth Golfari. All charges should be billed to:

Credit Card # _____ Exp. Date _____ VIN# _____

Name on the Card: _____

Authorized Signature: _____

Cash is not needed at camp. All purchases made by your camper will be applied to the credit card provided.

I wish to pay by: [] Check [] Visa [] MasterCard [] American Express [] Discover

Credit Card # _____ Exp. Date _____ VIN # _____

Name on the Card: _____

Authorized Signature: _____

ENROLLMENT OPTIONS

[] \$2,295.00 Early Booking Rate – Before March 1, 2020 full payment must be received to confirm enrollment.

[] \$2,495.00 Standard Rate – After March 2, 2020 full payment must be received to confirm enrollment.

Would you like to purchase Camp Cancellation Insurance* at a cost of \$250.00?

Yes [] No [] \$250.00

*Camp Cancellation Insurance: May cancel up to the day of arrival to receive your refund, less the cost of insurance.