## **GRAPEVINE GC JR GOLF SUMMER CAMPS**

## Registration & Release Form

	Academy Session & D	ate:	
Student Name:		Date of Birth:	
Address:			
City:		Zip:	
Email Address(s): (home	e)	@	
(v	vork)	@	
	Emergency (	Contact Information	
Person to Contact:		Phone #	
Home #:	Work #	Cell #:	
Person to Contact:		Phone #	
Home #:	Work #	Cell #:	
	Release	e Information	
and its employees, activior death sustained by my participation in any activity photographs taken durin offensive conduct, discriregardless of gender, race	ty officials and supervisor child's participation where ity from any liability of a general three distributions and the summation, harassment, see, color, religion, or nation, staff member/represent	ve, indemnify, and hold harmles ors, any or all of them in the ever ile being transported to or from any kind whatsoever. I also give ed for promotional uses now and xual harassment, or other condu- onal origin, committed by mysel tative shall be prohibited and sha	nt of any accident, injury, any activity, or while e permission for any d in the future. Any act offensive to a person, f or my child towards
Parent Signature:		Date:	
<u>Pri</u>	vate Party/Out	ing Billing Informa	ation_
Today's Date: _			
<b>Date of Function</b>	n:		
<b>Function Name:</b>			_

Contact:			
Phone Number: Billing Address:			
	City:	State:	TX Zip:
Tax Exempt?: Y Name on Tax Exe If exempt, a copy of e	mption Cert. mus		name of the Function. e attach to this form.
<b>Event will be Pai</b>	d By: (circle one)	)	
<u>Visa</u>	MC	AMEX	Check
Credit Card Info	rmation is requi	red to confirm	event reservation:
Account Number Card Number/Ch	-		Code:
<b>Exp. Date:</b>			(Last 3 digits)
Card Holder:Aut Card Holder:Sign	horized User: nature:		
For Grap	evine Acct./Golf unting		beneath this line
Golf Director: _	(initial)	Accounting:	(initial)
<b>Event-Number:</b>		-	