

**2010 Junior Golf Camp** (6 - 10 Students Per Group/Ages 7 – 15)

Weekly Camp:

**\$250<sup>00</sup>**

***Please Fill Out The Below Form And Return It With Payment\****

**Camp Schedule**

- Please select alternate weeks, as your first choice may be filled.
- Please place a 1 at your first choice and a 2 at your second choice.
- All students must bring golf clubs to camps (junior golf clubs are available through the Pro Shop).

	<u>9:00 AM – 11:00 AM</u>	<u>1:00 PM – 3:00 PM</u>	<u>4:00 PM – 6:00 PM</u>
Week 1: June 28 – July 2	_____	_____	_____
Week 2: July 5 – July 9	_____	_____	_____
Week 3: July 12 – July 16	_____	_____	_____
Week 4: July 19 – July 23	_____	_____	_____
Week 5: July 26 – July 30	_____	_____	_____
Week 6: Aug. 2 – Aug. 6	_____	_____	_____
Week 7: Aug. 9 – Aug. 13	_____	_____	_____
Week 8: Aug. 16 – Aug. 20	_____	_____	_____
Week 9: Aug. 23 – Aug. 27	_____	_____	_____
Week 10: Aug. 30 – Sept. 3	_____	_____	_____

Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Parent(s) Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

Payment Method:  Check (Make payable to: Darlington Golf Center)  
 Credit Card:  Visa  Master Card  American Express

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name On Card: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing Address (If Different From Above): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**\*Registration is on a first-come, first-serve basis. Priority in-person registration is available at the driving range or you can mail the form to:  
Darlington Golf Center, 279 Campgaw Rd., Mahwah, NJ 07430  
OR fax the form to: (201) 818-2281**