

THE COMPETITIVE PLAYERS CAMP

December 29, 2008 – January 2, 2009

PGA Center for Golf Learning & Performance • Port St. Lucie, Florida

Enrollment Form

Name: _____

d.o.b. _____ (if after 12/1/1990) parental information required)

Address: _____

City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____

Email: _____ @ _____

Emergency contact:

Phone: () _____ Fax: () _____

Email: _____ @ _____

Relationship: _____ (if d.o.b. after 12/1/1990 must be parent or legal guardian)

Current handicap: _____

Competitive highlights (top three):

Currently enrolled at: _____

Special Needs: _____

Dietary Restrictions: _____

Medical Conditions: _____

Payment Information

\$2,450 Housing required • \$1,750 Commuting

Personal Check Enclosed _____

Credit Card # _____ expiration date: ____/____ Code: (back of card) _____

For Additional Information Call: 904-321-1498

To Register: Mail completed form to Ron Philo School of Golf
643 Gaines Lane • Amelia Island, FL 32034

OR Fax completed form to: 904-277-8526