

# COMPETITIVE PLAYERS CAMPS

March 9, 2009 – March 13, 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** per participant, sharing a room - Single room \$3,450

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