

COMPETITIVE PLAYERS CAMPS

March 15, 2009 – March 22, 2009 Enrollment Form

Casa de Campo Resort, Home of Teeth of the Dog, Dominican Republic

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

\$2,750* per participant
Shared with accompanying parent
Shared with 2 accompanying parents

Single occupancy: \$3,450
(two sharing room): **\$4,430**
(3 sharing a room): **\$5,230**

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