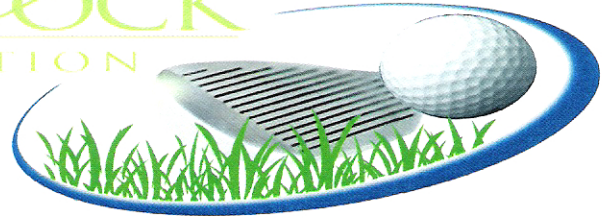


# CASTLE ROCK

GOLF & RECREATION



## Summer Programs Registration

\_\_\_\_\_ Golf Clinic(\$35)      \_\_\_\_\_ Tennis Clinic(\$35)  
\_\_\_\_\_ Golf and Tennis(\$50)

Today's Date: \_\_\_\_\_  
Participants Name: \_\_\_\_\_  
Age: \_\_\_\_\_      Birthday: \_\_\_\_\_  
School: \_\_\_\_\_      Grade: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_      State: \_\_\_\_\_      Zip: \_\_\_\_\_  
Phone(Home): \_\_\_\_\_      Phone(Work): \_\_\_\_\_  
Phone(Cell): \_\_\_\_\_  
E-mail: \_\_\_\_\_

Mothers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

Fathers Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_  
Zip: \_\_\_\_\_  
Home Phone: \_\_\_\_\_  
Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

*If information is the same, just write same*

*If information is the same, just write same*

### Emergency Contact Information

Contact Name: \_\_\_\_\_  
Home Phone: \_\_\_\_\_      Business Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_  
Known Allergies or Medications: \_\_\_\_\_  
Special Notes or Instructions: \_\_\_\_\_

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