

Golf Fitness Camp Sign-up Form

Name: _____ Age: _____
Gender: _____ Current Grade: _____ Stroke Avg.: _____
High School: _____ Coach: _____

CONTACT INFORMATION

Address: _____ High School: _____

Coach: _____
Stroke Average: _____
Home Phone: _____ Right or Left Handed: _____
Cell Phone: _____
Email: _____
Webpage: _____

Last day to enroll is Thursday, March 15, 2007.

Measurement Day: **Thursday, March 15, 2007, 3:30pm**

Do you have a sibling attending either camp this session? YES; NO

If yes, name: _____

Signature: _____ Date: _____

Parent / Legal Guardian: _____ Date: _____
(if athlete is 17 years of age or younger)

To register, fill out this form and fax or bring it to Brian Sekula Fitness Center. Remit payment via website (www.briansekula.com) or pay (cash, check, credit or charge) when you bring your form to the center.

To ensure spot in camp, payment should be made before attending Measurement Day.

Fax: 281-933-0497.