

Latta Lea Golf Club

Spring / Summer Camp Registration

Golfer's Name _____

Address _____

City _____ Zip _____

Phone # _____ Age ____ Other contact phone #-----

Check if child needs to use Latta Lea golf clubs ____

4 Day Camps		\$90
<i>check choice</i>	<i>Ref #</i>	<i>Date</i>
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____
<input type="checkbox"/>	_____	_____

Payment Options

Check <input type="checkbox"/>	Visa <input type="checkbox"/>	Amex <input type="checkbox"/>	Mastercard <input type="checkbox"/>	Amount \$ _____
Account # _____	Expires _ _ _ _			
Authorized Signature _____				
Make checks payable to:				
Latta Lea Golf Club 435 Latta Road Rochester, NY 14612 (716) 663-9440				

No refunds unless cancellation of program
See other side for league registration
More forms available at lattalea.com