

# Latta Lea Golf Club

**Spring / Summer 2008**

## **Camp Registration**

Golfer's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Phone # \_\_\_\_\_ Age \_\_\_\_ Other contact phone #-----

Check if child needs to use Latta Lea golf clubs \_\_\_\_

<b>4 Day Camps</b>		<b>\$90</b>
<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	_____								
<b>Make checks payable to:</b>									
<b>Latta Lea Golf Club</b>									
435 Latta Road									
Rochester, NY 14612									
(716) 663-9440									

**No refunds after May 15 or cancellation of program**  
**See other side for league registration**  
**More forms available at [lattalea.com](http://lattalea.com)**