



Camp 1
Monday 8th April - Friday
12th April
Drop Off: 9:00 am

Collection: 12:30 pm

Camp 2
Monday 15th April - Friday
19th April (4 Days - No
Friday)
Drop Off: 9:00 am

Collection: 12:30 pm

Golf Camp 3 Monday 27th May - Friday 31st May Drop Off: 9:00 am

Collection: 12:30 pm

Course Content: Throughout the week we'll be working on all areas of the game, using challenges, technical sessions and team games. On the Thursday or Friday we'll be playing 6 - 9 holes on the golf course in a team competition. We have lots of fun but it's also a great way for kids to develop their skills. The classes are appropriate for children between the ages of 6 and 12. The coaching team are highly experience at working with children of varying experience levels so both new young golfers and experienced young golfers are welcome.

Course Cost: The cost of the course is £135.00 for the 5 day camps and £116.00 for the 4 day camp. This includes prizes, snacks (fun size chocolate treats and Haribo) and drinks for the kids. It is possible to do less days at a cost of £30 per day but priority will be given to those looking to attend the full week.

For More Information and to Reserve a Place: Please contact Ben Ross on 07778 517659 or email Ben at ben.ross@windleshamgolf.com. Our camps often get booked up very quickly so please get in touch as soon as possible to reserve a place. Our maximum is 8 per camp and we need a minimum of 5 for the camp to go ahead.

Players Name:	
Address:	Postcode:
Tel No:(Day)	Tel No: (Emergency)
Contact Name:	e-mail:
Medical Condition:	Medication:
I have paid Ben £135.00 via online transfer. I hat (Please indicate which camp you'd like to book by circulate)	<u>.</u>

Parent/Guardian Declaration: I have read and understood this form, completed all the details to the best of my knowledge. I acknowledge and accept that Windlesham Golf Club or representative servants will not be liable in respect of any loss or damage to property whilst attending Windlesham Academy courses. I hereby give permission for my child to be given emergency medical treatment in my absence if deemed appropriate. I DO/NOT give permission for any photographs/video footage taken of my child during the course to be used in promotional marketing.

Signature of Parent/Guardian: Date:		
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