



Rev. Hal's 2009 Golf Camp

Who: Youth Entering 6th -12th grade

When: Monday, July 27th to Thursday, July 30th

WHAT: 9 holes of golf+ Golf Lesson+ Golf Shirt+Lunch+ Devotion time

Where: Pine Trace Golf Course
3600 Pine Trace Blvd, Rochester Hills

Time: meet at church at 6:30 a.m.
Program ends by 2:00 *Rides home will be provided.*

Cost: \$150.00-checks payable to Troy 1st UMC

Details: Teams include 1 adult coach and 3 youth.

Registration: participants need bottom of this form and *blue* Troy UMC medical form By July 1st Deadline.

First United Methodist Church of Troy 6363 Livernois Rd. Troy, Michigan

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Fill out this Registration Form below & medical info sheet

Participant Name: _____

Gender: Male/Female

Birthdate: _____ Age: _____ Grade entering in Sept.
2009: _____

E-mail: _____ phone contact: _____

T-Shirt Size: Adult sizes: Small Medium Large X-Large Do you need
clubs _____?

Friend you would like to be placed with

1st _____ 2nd _____

(Friend must also request you. Assignments are not guaranteed)

FIRST UNITED METHODIST CHURCH OF TROY
YOUTH FELLOWSHIP

(Please type or print legibly in ink)

Today's Date_____

Name_____

Address_____

Youth

Parent

E-Mail Addresses_____

Home Phone _____

Cell Phone _____

Parent Work Phone_____

Medical Insurance Carrier & Policy Number _____

Youth Date of Birth_____

Medical Conditions/Medications_____

Allergies?_____Contact Lenses?_____

Emergency Contact name & phone (not parent)_____

I, who by law may do so, authorize the administration of emergency medical treatment to she/he who is subject of this form. I understand all reasonable safety precautions will be taken at all times by First United Methodist Church of Troy personnel. I understand that in the event medical intervention is needed, every attempt will be made to contact the parent(s) above immediately.

Parent Signature_____

Youth Signature_____