



July 21-July 24

Camp Registration Form (fill out completely)

(Registration must be completed by July 14th)

Everyone welcome

Child's Name: _____ Date _____

Address _____ Phone _____

City _____ Zip Code _____

Email Address: _____

Age _____ Fall 2025 Grade _____ Boy _____ Girl _____

Does child have clubs? Yes ___ No ___ If NO Left ___ or Right ___ handed

T-Shirt Size

Child - XS _____ S _____ M _____ L _____ XL _____

Adult - S _____ M _____ L _____ XL _____ 2XL _____

Food Allergies (if any) _____

In case of an emergency, Call _____ Phone _____

(Please provide the name & phone number of the responsible person available during class time)

Mother/Guardian: _____ Cell Phone: _____

Father/Guardian: _____ Cell Phone: _____

Name(s) of person(s) to whom the child may be released to:

Mailing address: Valley View Club, POB 157 Cambridge IL, 61238



Valley View Youth Tourney - July 25

Golfers Name _____

Age _____ Fall 2025 Grade _____

Boy or Girl _____

Parent Name _____

Parent Phone _____

Parent Email _____