LEROY SPRINGS GOLF

Springs Golf Fall Break Camp Registration

Name of Golfer: _____

Age: _____

Skill Level: _____

☐ **Right-Handed** or ☐ **Left-Handed**

Does the golfer have their own clubs? ☐ **Yes** ☐ **No**

Does the golfer have any food allergies? ☐ **Yes** ☐ **No**

If yes, please elaborate:

_____

_____

_____

Email completed form to AaronBlack@PlaySpringfield.com and call the Springfield Golf Club Pro Shop at (803) 548-3318 for payment.