

# THE LINKS AT BRUNELLO

## JUNIOR CAMP

## SIGN UP SHEET

Junior Golfer First Name \_\_\_\_\_

Junior Golfer Last Name \_\_\_\_\_

Age \_\_\_\_\_

Gender \_\_\_\_\_

Previous Junior  
Camp Experience \_\_\_\_\_

Need Golf Clubs  
(right or left handed?) \_\_\_\_\_

Full Week Camp (5 days)

Active Start Program (3 days)

Camp Week Chosen \_\_\_\_\_

Allergies? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Medication? \_\_\_\_\_

If yes, please specify: \_\_\_\_\_

Parent First Name \_\_\_\_\_

Parent Last Name \_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

Cell \_\_\_\_\_

Please email or fax your form to: [academy@thelinksatbrunello.com](mailto:academy@thelinksatbrunello.com) | Fax: 902.420.0447

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