



Newport Golf Club
112 Unity Road
Newport NH 02773
603-863-7787

Summer Camp Registration

Name _____ Date of Birth _____

Parent or Guardians Name _____

Address _____

Telephone _____ Email _____

Please circle the session you would like your child to attend

Ages 5-11 July 17-20th

Ages 12-17 July 31-Aug 3rd

Any special comments or concerns please note below:

Emergency Contact _____ Tel _____

Pick Up Name _____ Tel _____

Please enclose a check for \$250 payable to the Newport Golf Club and return by mail or drop off at the Pro Shop.