



(Please print)

CALLAWAY GARDENS JUNIOR GOLF CAMP
 JULY 26-30 \$895 AGES: 12-18

CONTACT: SCOTT ADAMS 478-471-7969
 FAX 478-471-6869

ADDRESS: P.O. BOX 26358 MACON, GA 31221

EMAIL: sadams@fca.org
www.atlantafca.org

CAMPER NAME _____

PARENTS/GUARDIANS _____

ADDRESS _____

CITY/STATE/ZIP _____

DATE OF BIRTH _____

MALE _____ **FEMALE** _____

HOME PHONE _____

PARENT WORK PHONE _____

PARENT CELL PHONE _____

PARENT EMAIL _____

CAMPER EMAIL _____

CAMPERS HANDICAP OR AVERAGE SCORE _____

Please complete this entire form. Submit a deposit of \$250 per camper by check to FCA or fill in the credit card info below. Enter this information exactly as it appears on your statement.

Name on Credit Card _____ **Card type** _____

Address _____ **Card number** _____

City, State, Zip _____ **Expiration Date** _____

Card verification number _____ **After you have completed this form, please fax or mail it to the address above. A complete camp itinerary will be mailed out to you prior to camp.**

Thanks for signing up. We'll start praying for your camper now!