

**Glendale Golf and Swim Camp Registration**

**Which camp do you wish to register for?** July Camp #1 or August Camp #2

**Child's Full Name:**

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**Member Last Name and Account Number:**

(Non members please indicate which member(s) you know at the Glendale.)

**Payment Method:** Account or Cheque or Cash

**Contact Information:**

Parent Home:

Parent Cell:

Parent Office:

Other:

**Current Swimming Level** (minimum: must be able to swim one length of the pool)

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**Allergies or other Health Concerns:**

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Thank you for your interest in our camp. Please email registration forms to Teresa at [swimglendale@hotmail.ca](mailto:swimglendale@hotmail.ca) or Fax: 780.447.4887 or drop them off at the office.