

WILTWYCK GOLF CLUB

SUMMER SPORTS PROGRAM REGISTRATION 2026

9am-3:30 pm, Monday-Friday

PLEASE CHECK AND DATES: 9AM-3:30PM SESSION (\$599) PER PERSON PER WEEK

****FIRST 2 SESSIONS OF CAMP & LAST TWO SESSION ARE \$550****

- | | | |
|--|---|--|
| <input type="checkbox"/> Session 1: June 29 th - July 2 nd | <input type="checkbox"/> Session 2: July 6 th - 10 th | <input type="checkbox"/> Session 3: July 13 th - 17 th |
| <input type="checkbox"/> Session 4: July 20 th - 24 th | <input type="checkbox"/> Session 5: July 27 th - July 31 st | <input type="checkbox"/> Session 6: Aug 3 rd - 7 th |
| <input type="checkbox"/> Session 7: Aug 10 th - 14 th | <input type="checkbox"/> Session 8: Aug 17 th - 21 st | |

CAMPER INFORMATION:

Camper Name _____ Home Phone _____ Date of Birth _____ Sex M F
Address _____ City _____ State _____ Zip _____
Gender of Camper _____ Age @ camp _____ Guardian Cell Phone _____
Any Allergies: _____

FAMILY INFORMATION:

These names will be called 1st in emergencies

Guardian One _____

Work Phone _____

Guardian Two _____

Work Phone _____

***Family E Mail _____

***Please list one email for the family--FOR CAMP INFO/RECEIPTS ONLY!!

EMERGENCY NUMBERS:

(MUST BE DIFFERENT THAN ABOVE NUMBERS & MUST BE LOCAL)

1. Name: _____ Day Phone: _____ Relationship to child: _____

2. Name: _____ Day Phone: _____ Relationship to child: _____

Please list full names of anyone allowed to pick up the camper: Note: We must release a child to their biological parent and/or legal guardian unless we have legal documentation on file stating otherwise. Anyone NOT allowed to pick up the camper please notify the Administration staff at 845-331-0700 option 3 or 845-331-0700 ext 119 or email Sales@wiltwyck.org.

PAYMENT:

Payment Information: Please check the appropriate box and enter the information related to the payment type. Payment is required to secure the week(s) selected. Cancellation within 10 days of the selected week will result in a fee of 50% of the weekly fee.

1. Charge to Wiltwyck Member Account: Member Number: _____

2. Pmt By Credit Card: Credit Card Number _____ Expiration Date _____ CCV _____

Signature _____
Name of authorized signature

Date _____