

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

### **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 \_\_\_\_\_