



# 2010 SPRING BREAK at the West 9 APPLICATION

**Morning Session –Mon-Thurs 9am- 1pm**

**\$199/week, Both weeks: \$350**

**Full Day Session –Mon-Thurs 9am 4pm**

**\$350/week, Both Weeks: \$600**

**For Ages 5-16**

**Week 1: March 29-April 1**

**Week 2: April 5-April 8**

**Includes all instruction, balls, video and on-course play**

**Bill Castner**

Plainfield West 9  
PGA Master Professional



917.208.5197  
castnerpga@gmail.com

Student's Name: \_\_\_\_\_ Circle One **Male** **Female**

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency #: \_\_\_\_\_ E-Mail: (Required) \_\_\_\_\_

Age of child \_\_\_\_\_ Date of Birth \_\_\_\_\_ Experience level: **Beginner** **Intermediate** **Advanced**

Did Student Have Previous Instruction? Circle One **Yes** **No** Prior Golf Program(s): \_\_\_\_\_

Have You Attended A West 9 Program? Circle One **Yes** **No** If so What Program: \_\_\_\_\_

I am Applying For Circle One **Morning** **Full Day** **Week 1 (3/29-4/1)** **Week 2 (4/5-8)** **Both Weeks**

**Waiver and Release:**

Acknowledging that participation in athletics carries with it a risk of physical injury, I agree that the Katric Golf Services, Bill Castner, Plainfield West 9 Golf Course, Plainfield CC, its agents, members and employees, shall not be liable to me or my child for any injury or damage, how so ever caused, resulting directly or indirectly from my child's participation in the camp programs, at any time preceding, during, or after the program is in session, and I hereby discharge the Katric Golf Services, Bill Castner, Plainfield West 9 Golf Course, Plainfield CC, its agents, members and employees from all actions, claims, and demands I or my child may have for such injury or damage. I authorize that the Plainfield West 9 Golf Course, Bill Castner, and Katric Golf Services have the right to use all photographs or videos for instructional purposes.

**Parent or Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Payment Method: Circle One **American Express** **Visa** **MasterCard** **Check** **Money Order**

Make Checks Payable To: **Katric Golf Services**

Credit Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Plainfield West 9 Golf Course \* 9 Maple & Woodland Avenues \* Edison, NJ 08817**

*Space is Limited – Sign Up Today*