



Registration: TCI Junior Golf Camp

Player Name: _____ Age (as of 6/1/2025): _____

Address: _____

Parents Name: _____

Contact Phone Numbers: _____

Email: _____

Session: (Please Check One)

Session 1: June 9th – 12th _____

Session 2: July 7th – 10th _____

Session 3: August 11th – 14th _____

T-Shirt Size (T Shirt will be a pre-shrunk fabric)

YS YM YL YXL Adult Small Adult Medium Adult Large Adult XL

Cost: \$150 per student

Check # _____ (Checks payable to Tournament Club of Iowa)

OR

Name on Card _____

Credit Card # _____

Exp: ___ / ___ CVV/CID: _____

THREE WAYS TO ENTER

MAIL REGISTRATION TO:

Tournament Club of Iowa
c/o Griffen Matthias
1000 Tradition Drive
Polk City, IA 50226

SCAN / EMAIL TO:

gmatthias@tcofiowa.com

PHONE:

(515)-984-9440 ext. 5
Griffen Matthias