



LEGENDS GOLF

Tuesday, May 28 - Sunday, June 2, 2024

REGISTRATION FORM

I. Personal Information

Full Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____ Email: _____

Height: _____ Age: _____ (minimum age 35) Shoe Size: _____

Shirt Size: S M L XL XXL (circle one) Shorts Size: S M L XL XXL (circle one)

Handicap: _____ Golf Clubs: Renting Bringing

II. Payment

Amount Due: \$13,000 - Includes one (1) camper & one (1) guest

Payment Method: Check Visa Mastercard

Card Number: _____

Exp. Date: _____ CVV: _____

Signature: _____

III. Waiver

Print Name: _____

Signature: _____

Health Plan Name: _____

Health Plan ID#: _____

Emergency Contact Person: _____

Emergency Phone Number: _____



I hereby hold K Academy, its staff and Duke University free from all liability should any injury or illness befall me while I am in attendance at K Academy. I also authorize the coaches and staff of K Academy to secure medical treatment for me should I not be able to request such treatment for myself. I have no knowledge of any existing physical impairment that would affect my participation in this program. In addition, I authorize K Academy to use any photographs of me taken during the program for use in publicizing and advertising future K Academies. A \$2,000 non-refundable deposit will be kept if the camper cannot attend. If the camper cannot attend and their space is not able to be filled by May 1, 2024, the entire payment of \$13,000 will be non-refundable.

Send registration form to Rachel Curtis:

Mail: K Academy, Box 90556, Durham, NC 27708

Email: rachel.curtis@duke.edu

