



## 2011 Tigers Golf Clinic

### \$99.00/student

Tuition includes instruction by professional staff members, rental equipment (if needed), and plenty of fun!

The Tigers Golf Clinic at Ponemah Green provides a fun introduction to the game of golf for beginner players ages 4 to 8. Curriculum utilizes instruction given on the putting green, the driving range, and the miniature golf course. Each session is three days long, and is held on Saturday mornings from 9:00 a.m. – 10:00 a.m. for ages 7 to 8; 10:30 a.m. – 11:30 a.m. for ages 4 to 6. Classes must have a minimum number of students and are limited in size. To reserve space, payment must accompany the registration form. The 2011 Tigers Golf Clinic will be offered on the following dates (please indicate 1st and 2nd choice):

Session #1 (June 4, 11, & 18)_____	Session #3 (July 16, 23, & 30)_____
9:00 a.m. - 10:00 a.m. (ages 7-8)_____	9:00 a.m. - 10:00 a.m. (ages 7-8)_____
10:30 a.m - 11:30 a.m. (ages 4-6)_____	10:30 a.m - 11:30 a.m. (ages 4-6)_____

Session #2 (June 25, July 2, & 9)_____	Session #4 (August 6, 13, & 20)_____
9:00 a.m. - 10:00 a.m. (ages 7-8)_____	9:00 a.m. - 10:00 a.m. (ages 7-8)_____
10:30 a.m - 11:30 a.m. (ages 4-6)_____	10:30 a.m - 11:30 a.m. (ages 4-6)_____

Name of Student (please print)\_\_\_\_\_ Age\_\_\_\_\_ Email \_\_\_\_\_

Parent/Guardian\_\_\_\_\_ Address\_\_\_\_\_ Town\_\_\_\_\_ State\_\_\_\_\_ Zip\_\_\_\_\_

Telephone\_\_\_\_\_ Cell\_\_\_\_\_ How did you hear about us?\_\_\_\_\_

Has student played golf before?\_\_\_\_\_

If yes, please specify level of ability Beginner\_\_\_\_\_ Intermediate\_\_\_\_\_ Advanced\_\_\_\_\_

Does student need rental clubs?\_\_\_\_\_ Right Handed\_\_\_\_\_ Left Handed\_\_\_\_\_

Does student have any medical issues that may affect his/her participation?\_\_\_\_\_

If yes, please explain\_\_\_\_\_

In case of emergency, please provide information for contact person (if different from above).

Emergency Contact Name\_\_\_\_\_ Phone\_\_\_\_\_

If medical attention is required for illness or injury while attending clinic at Ponemah Green, I authorize such care.

Signature\_\_\_\_\_ Print Name\_\_\_\_\_ Date\_\_\_\_\_