



# Ponemah Green Family Golf Center

55 Ponemah Road, Amherst, NH 03031 - (603) 672-4732

www.ponemahgreen.com

## 2009 Adult Golf Clinic

### \$99.00/student

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

The Adult Golf Clinic at Ponemah Green is designed for men and women of all playing abilities. Curriculum covers a variety of topics pertaining to the game, including the fundamentals of the golf swing, proper course etiquette, and the establishment of good practice habits. The Adult Clinic is recommended for beginner or intermediate golfers and/or players who are simply looking to review. Each clinic consists of three (1 hour) sessions held on Tuesday, Wednesday and Thursday evenings from 6:00 p.m. to 7:00 p.m. To reserve space, payment must accompany the registration form. Classes must have a minimum number of students and are limited in size. The 2009 Adult Golf Clinic will be offered on the following dates

(Please indicate 1<sup>st</sup> and 2<sup>nd</sup> choice):

- Session #1 (May 5, 6, 7) \_\_\_\_\_
- Session #2 (May 19, 20, 21) \_\_\_\_\_
- Session #3 (June 2, 3, 4) \_\_\_\_\_
- Session #4 (June 16, 17, 18) \_\_\_\_\_
- Session #5 (June 30, July 1, 2) \_\_\_\_\_
- Session #6 (July 14, 15, 16) \_\_\_\_\_
- Session #7 (July 28, 29, 30) \_\_\_\_\_
- Session #8 (August 11, 12, 13) \_\_\_\_\_
- Session #9 (August 25, 26, 27) \_\_\_\_\_

Name of Adult (please print) \_\_\_\_\_ How did you hear about our clinic? \_\_\_\_\_

Address \_\_\_\_\_ Town \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Have you played golf before? \_\_\_\_\_ If yes, please specify level of ability Beginner \_\_\_ Intermediate \_\_\_ Advanced \_\_\_

Do you need rental clubs? \_\_\_\_\_ Right handed \_\_\_\_\_ Left handed \_\_\_\_\_

Do you have any medical issues that may affect your participation? \_\_\_\_\_

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

In case of emergency, please provide information for contact person

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

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

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