

*Welcome to the:*

# **Rivermoor *Junior* Golf Clinic**

**Instructor: Bryan Brotchie, PGA – Head Golf Professional**

**Thursday afternoons beginning June 18<sup>th</sup>**

**6 sessions, only: \$180**

9 - Hole Group (Intermediate Players)	Start Time 12:00 pm
6 - Hole Group (Novice Players)	Start Time 1:00 pm
3 - Hole Group (Beginners)	Start Time 2:00 pm
	Clinics end @ 4:00 pm

This is a great opportunity for **kids ages 7-17** to have some fun, learn the game, and hang out and compete with their friends. Golf is a game that we can play forever and everyone that learns the game is always wishing that they had started earlier. Don't let that happen to your kids, get them signed up today!

\*Each Session has a maximum number of 12 participants. So, get signed up today!

## 2020 RJGC Enrollment Form

Junior Name: \_\_\_\_\_ Age: \_\_\_\_\_

Preferred Session (please check one):  9 Hole Group  6 Hole Group  3 Hole Group

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

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

Payment Method: Cash, Credit Card or make checks payable to: **Rivermoor Golf Club**

Mail to: Rivermoor Golf Club c/o Bryan Brotchie, 30802 Waterford Drive, Waterford, WI 53185

I hereby grant permission for the above named individual to participate in the Rivermoor Junior Golf Clinic. I understand Rivermoor Golf Club and all those connected with this program will provide the safest environment possible. I signify and understand that Rivermoor Golf Club and all people connected with this program are not to be held responsible for any injuries which the above named junior participant may suffer while taking part in this program. In this connection, I hereby waive any claim damages to my person or property and assume all foregoing risks and accept personal responsibility for these damages. I have read this waiver and release and sign it voluntarily.

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_