



# AFTERSCHOOL JUNIOR GOLF PROGRAM

**Weekly Instruction Class\* Ages 8 and Over**

**Session I- January 8, 15, 22, 29**

**Session II-February 5, 12, 19,26**

**Session III- March 5, 12, 26, April 3**

**Session IV-April 10, 17, 24, May 1**

**\*Rain days-If a class is cancelled due to weather, we will make up the class on Thursdays of the same week**

**4:00 P.M. - 5:00 P.M. Each Week**

**Golf clubs are available at no extra charge.**

**Registration Fee: \$50.00**

**FOR MORE INFORMATION, PLEASE CALL (772) 770-5003**

**INSTRUCTION INCLUDES: SHORT GAME (PUTTING, CHIPPING & PITCHING)**

**FULL SWING FUNDAMENTALS**

**INSTRUCTORS:**  **BELA NAGY, DIRECTOR OF GOLF**  
**JON CLARK, MANAGER OF GOLF OPERATIONS**

.....(Please Tear Here).....

## REGISTRATION FORM

**Please check box:**

- Session I-January 8, 15, 22, 29**
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- Session III-March 5, 12, 26, April 3**
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NAME: \_\_\_\_\_ AGE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

NEED CLUBS: Y / N IF YES, WHAT IS YOUR CHILD'S HEIGHT: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PLEASE MAKE CHECKS PAYABLE TO: **T.C.G.A.** & RETURN TO: SANDRIDGE GOLF CLUB; ATTN: BELA NAGY; 5300 73RD ST.; VERO BEACH, FL 32967

### WAIVER

In signing the below, I hereby state that my child is in good health and allowed to participate in the Sandridge Golf Club Junior Golf Instructional Program. I will also waive any responsibility of the instructors, volunteers, Sandridge Golf Club or Indian River County should an injury or accident occur while he/she is participating in this program.

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