JUNIOR GOLF CLINICS

DAY	SEX	AGE	DURATION	TIME	DATES	COST	RATIO
Monday - Dave	Boys Only	10 - 16	60 mins	4pm - 5pm	Oct 10,17,24,31, Nov 7, 14, 21,28, Dec 5, 12	$99	1-10
Tuesday - Jess	Mixed	10 - 16	60 mins	4pm - 5pm	Oct 11,18,25, Nov 1,8, 15,22,29 , Dec 6,13	$99	1-10
Wednesday - Jess	Girls Only	6 - 9	45 mins	4pm - 4:45pm	Oct 12,19,26, Nov 2,9,16,23,30, Dec 7,14	$79	1-8
Wednesday - Jess	Girls Only	10 - 16	60 mins	5pm - 6pm	Oct 12,19,26, Nov 2,9,16,23,30, Dec 7,14	$99	1-10
Thursday - Dave	Mixed	6 - 9	45 mins	4pm - 4:45pm	Oct 12,20,27, Nov 3,10,17,24, Dec 1,8,15	$79	1-8
Thursday - Dave	Mixed	6 - 9	45 mins	5pm - 5:45pm	Oct 12,20,27, Nov 3,10,17,24, Dec 1,8,15	$79	1-8
Saturday - Jess	Mixed	6 - 9	45 mins	1:30pm - 2:15pm	Oct 15,22,29, Nov 5,12,19,26, Dec 3, 10, 17	$79	1-8
Saturday - Dave	Mixed	10 - 16	60 mins	2:30pm - 3:30pm	Oct 15,22,29, Nov 5,12,19,26, Dec 3, 10, 17	$99	1-10

From the above clinics, please select appropriate class and complete the enrolment form below.

First Name_____ **Surname**_____ **Age**_____

Golf Experience Beginner Some Experience Completed previous clinics

I wish to join the following clinic **(Select from above table)**_____ **Amount $**_____

Parent/Guardian Details.....

First Name_____ **Surname**_____ **Telephone**_____

Postal Address_____ **P/Code**_____

Email Address_____ **Mobil Number**_____

If you don't want to receive information about golf tuition and be joined to the Privileged Card please circle NO

I, the parent/guardian of the above youth, hereby give my consent to his/her participation in the "Ballarat Golf Club" junior clinics. I hereby release the "Ballarat Golf Club", professionals any and all liability in connection with his/her participation related thereto. I understand that there is a standard of conduct which is requested from all children.

In case of an emergence occurring, I the parent/guardian authorise a qualified medical doctor/first aider to take all necessary measures in the treatment of my child. All coaches have a current Working with Children check.

Parents are not allowed on practise facilities during clinics due to safety reasons.

In the case of wet weather we have an inside program organised so the kids don't miss out.

Parents/Guardians Signature_____ **Date**_____

Payment must accompany the enrolment form.

Credit Card Details **VISA** **M/CARD**

Credit Card Number _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ **Verification Number** _ _ _

Name on Credit Card_____ **Exp date** _ _/_ _ **Amount $**_____

For further information please contact the Pro Shop on (03) 53383010 or email us pro@ballaratgolfclub.com.au