

Silver Spring Junior Golf

- Spring Session (All ages) \$90
4-530pm Tuesdays 5/21-6/11
 - Junior Golf League (All Ages) \$150
12-3pm Tuesdays 6/25- (5 weeks)
 - Fall Session (All ages) \$90
4-530pm Tuesdays 8/20-9/10
 - Age 6-8 Four Week Lessons \$60
8am-9 Wednesdays 6/26-7/17
 - Age 6-8 Four Week Lessons \$60
11am-12pm Thursdays 6/27 & 7/11-7/25
 - Age 9-12 Four Week Lessons \$120
10am-12 Wednesdays 6/26-7/17
 - Age 9-12 Four Week Lessons \$120
1-3pm Thursdays 6/27 & 7/11-7/25
 - Age 13-15 Four Week Lessons \$120
1-3pm Wednesdays 6/26-7/17
- **Makeup days for missed lessons in the summer sessions are: T 7/30 & W 7/31 2-4pm**

Individual lessons are also available Tuesday-Thursday 3:30-4 and 4-4:30 for \$20 per half hour. Check with the pro shop to sign up.

Flyers in the pro shop -or- Check the website for more info:

www.silverspringgolf.com



Pro Shop: 262-252-4666

Golfer Registration

Please write clearly

Golfer's Name and Age:

Parent/Guardian's Name:

Parent/Guardian's Cell Phone Number:

Parent/Guardian's Email Address:

Secondary Cell Phone Number/Emergency Contact:

Your registration will only be valid with payment

Please make all checks out to Craig Machut and include the golfer's name on the memo line

PERMISSION: I hereby grant permission for my child/myself to participate in the above-named recreation event. In the event of an injury requiring medical attention, I hereby grant permission to the recreation staff (including volunteers) to attend to my son/daughter including seeking medical attention.

WAIVER: I/we recognize that unanticipated situations and problems can arise during recreation activities that are not reasonably within the control of the recreation staff (including volunteers). I/we therefore agree to release and hold harmless Silver Spring Golf Club, its agents, officers, employees, and volunteers, from any and all liability, claims, suits, demands, judgments, costs, interest and expense (including attorneys' fees and costs) arising from such activities, including any accident or injury to myself or my child and the costs of medical services.

Parent/Guardian's Signature:
