

2008 Junior Golf Clinic Program



JUNIOR GOLF CLINIC PROGRAM

The **2008 Nicklaus North Junior Golf Clinic Program** is designed to allow our youngest golfers to learn about the great game of golf while having as much fun as possible! This is a great way for kids of all ages and skill levels to make friends in a safe and fun environment and learn about the game of golf.

Kids are introduced to the game golf through fun concepts and basic instruction on the elements of the game. They are introduced to the tee, the green, the different golf clubs used and are taught basic concepts of etiquette. As they progress, lessons are adjusted to keep up with their pace of play.

The program is divided into two age groups keeping the kids in a comfortable learning environment with their peers.

The program will run weekly from July 7th through August 29st.

Junior Golfers I — Ages 5 - 8

Monday Morning
At the Practice Facility
July & August
9-10:30am

Wednesday Afternoon
On-Course Lessons
July August
5-6:30pm 4-5:30pm

Junior Golfers II — Ages 9 - 12

Monday Morning
At the Practice Facility
July & August
11-12:30pm

Wednesday Afternoon
On-Course Lessons
July August
6:45-8:15pm 5:45-7:15pm

Additional program times and dates may be added if deemed necessary. Please contact the Golf Shop for further information.

LESSON PROGRAM

Practice Facility Lessons

- Working on various aspects of the game of golf including chipping, putting, bunker play, pitch shots, and full swing
- Playing games and other activities related to golf
- Skills competitions and prizes

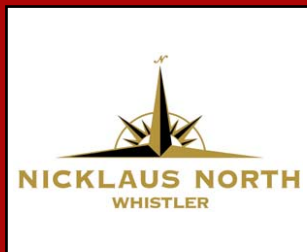
On-Course Lessons

- Working on applying techniques learned at the practice facility to the actual game
- Learning more about the rules of golf and etiquette

COST

- \$20 Per 1.5 hour session*
- \$70 for 4—1.5 hour sessions*

**Prices include range balls, green fees, prizes, and are subject to 5% GST.*



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REGISTRATION FORM

Please complete all areas in full.

PARTICIPANT INFORMATION

First Name _____ Last Name _____

Home Address _____

Home Phone _____ Cell Phone _____

Email _____

Date of Birth _____ Handicap, if applicable _____

Emergency Contact _____ Relationship _____

Primary Phone _____ Secondary Phone _____

Address (If different from above) _____

PAYMENT INFORMATION

I, _____ AUTHORIZED PAYMENT OF 2008 JUNIOR CLINIC FEES
(print name)

FOR _____ ON MY CREDIT CARD AS FOLLOWS:
(Participant name in full)

CREDIT CARD NUMBER _____ EXPIRY _____

NAME AS IT APPEARS ON THE CARD _____

SIGNATURE _____ DATE _____

PLEASE SEND COMPLETED FORM TO

GAVIN ECKFORD, CPGA PROFESSIONAL
GOLF SHOP MANAGER
Email - geckford@golfbc.com
Fax - 604.938.8891
Phone - 604.938.9898