

**E. GAYNOR BRENNAN
2026 PGA JUNIOR GOLF PROGRAMS
(All programs have limited availability)**

**JUNIOR CLINICS: (AGES 7-16) CLINICS #1-2 START AT 6PM,
CLINIC #3 Starts at 5:30pm**

\$285.00 PER SESSION, PER JUNIOR

CLINIC # 1 JUNE 2, 9, 16, 23, 30th _____

CLINIC #2 JULY 14, 21, 28, AUG. 4, 11th _____

CLINIC #3 AUG. 25, SEPT. 1, 8, 15, 22 _____

JUNIOR CAMPS: (AGES 7-16)

**CAMPS ARE 8:30-11:30AM- TUE, WED, THUR.
\$600.00 PER CAMP, PER JUNIOR**

CAMP #1 JULY 7, 8, 9th _____

CAMP #2 JULY 21, 22, 23rd _____

CAMP #3 AUG. 4, 5, 6th _____

**CASH OR CHECK ONLY,
PLEASE MAKE CHECKS OUT TO: VANCE LEVIN**

WE/I being the parent(s)/legal guardian of _____, a minor, do hereby make application to enroll him/her in **E. Gaynor Brennan Junior Golf Program**.

WE/I are enrolling our/my child in the program at our/my own risk and do hereby agree to indemnify and hold harmless the City of Stamford, E. Gaynor Brennan Golf Club, Hole in One Cart Rental, and all participants, instructors, volunteers, employees, and directors of the E. Gaynor Brennan Junior Golf Program, of any and all rights, claims and causes of action including attorney's fees and costs from any loss, injury or fatality that may arise from our/my presence or our/my child's participation in the program. WE/I hereby represent that our/my child is physically capable of participating in the program.

JUNIOR'S NAME: _____ **AGE:** _____

ADDRESS: _____ **CITY:** _____ **ZIP** _____

TELEPHONE #: _____ **E-MAIL:** _____

EMERGENCY CONTACT & PHONE NO.: _____