

**E. GAYNOR BRENNAN
2020 PGA JUNIOR GOLF PROGRAMS**

**JUNIOR CLINICS: (AGES 7-16) ALL CLINICS START AT 6PM
\$190.00 PER SESSION PER JUNIOR**

CLINIC # 1	MAY 13, 20, 27, JUNE 3, 10 TH	_____
CLINIC # 2	JUNE 24, JULY 1 ST , 8, 15, 22 ND	_____
CLINIC # 3	AUG. 5, 12, 19, 26, SEPT. 2 ND	_____
CLINIC # 4	SEPT. 16, 23, 30, Oct 7-14 TH	_____

**PEE WEE CLINICS (AGES 4, 5, 6) ALL CLINICS START AT 6PM
\$165.00 PER SESSION PER JUNIOR**

CLINIC #1	MAY 12, 19, 26, JUNE 2 ND	_____
CLINIC #2	JUNE 16, 23, 30, JULY 7 TH	_____
CLINIC #3	JULY 21, 28, AUG. 4, 11 TH	_____
CLINIC #4	SEPT. 1, 8, 15, 22 ND	_____

**MONDAY ON COURSE PLAY FOR ADVANCED JUNIORS (Ages 7-16)
\$150.00 FOR THE SESSION PROGRAM STARTS AT 6:30PM**

**(ONLY JUNIORS WHO HAVE COMPLETED A JUNIOR CLINIC, PRIVATE LESSON OR CERTIFIED BY A PGA PROFESSIONAL WILL BE ALLOWED IN THIS PROGRAM)
THIS PROGRAM IS FOR JUNIORS ONLY (PARENTS WILL NOT BE ALLOWED)**

MONDAY JUNE 1, 8, 15, 22, 29, JULY 6, 13, 20, 27, AUG. 3RD _____

CHECK OR CASH ONLY, CHECKS MADE OUT TO: VANCE LEVIN

APPLICATION:

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.: _____