CITY OF GREENSBURG PARKS AND RECREATION DEPARTMENT 520 NEW ALEXANDRIA ROAD, GREENSBURG, PA 15601 PHONE (724)834-4880 FAX (724)834-4895

Mt. Odin Golf Course Junior Golf Group Clinic

REGISTRATION: April 3, 2024 – May 15, 2024

* Late sign-ups will be accepted only if our maximum participation is not met, with an additional \$10 late fee



This program is for kids ages 5 and up

Cost is \$100.00 for Greensburg Salem School District Residents \$110.00 for Non-Residents (Hempfield, Jeannette, etc.)

• Each session will run for 4 weeks. The fee is per session. The sessions are as follows:

Session 1: June 3 – June 28, 2024

Option 1: Monday & Wednesday, 10:00 am - 11:00 amOption 2: Tuesday and Thursday, 5:30 pm - 6:30 pm

Session 2: July 15 – August 9, 2024

Option 1: Monday & Wednesday, 10:00 am - 11:00 amOption 2: Tuesday and Thursday, 5:30 pm - 6:30 pm

- The purpose of the program is to introduce young children to the fun game of golf!
- Instructors will provide basic tips to kids on how to swing a golf club, chip, and putt.
- These will be group lessons with a maximum of 14 participants / session.
- <u>Participants required to have own clubs</u>, but does not require a full set. A driver, 5 or 6 Iron, Wedge, and Putter is sufficient.
 - Play It Again Sports in Greensburg offering 10% discount if mention camp!
- Last session will include playing 9 holes @ Mt. Odin. Requires parent present to drive.
- An end of session party will be held at the Megan Smith Pavilion, time/date TBA.
- There are several registration options:
 - o In person at the Parks & Recreation office inside the Kirk Nevin Arena at Lynch Field.
 - Over the phone with a credit card.
 - On-line at greensburgpa.org On-Line Registrations Recreation
 - o Mt. Odin Golf Course in the Pro-Shop

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JUNIOR GOLF GROUP CLINIC At Mt. Odin Golf Course

REGISTRATION: April 3, 2024 – May 15, 2024

*Late sign-ups will be accepted only if our maximum participation is not met, with an additional \$10 late fee

PLEASE PRINT	CLEARLY		
CHILD'S NAME	:		
PARENTS' NAM	IES:		
ADDRESS:		CITY	ZIP CODE
PHONE:	E-MAIL:		SCHOOL
BIRTH DATE: _	/AGE:		GENDER:
PLEASE SEL	ECT WHICH SESSION & OPTION YO	U ARE REGISTE	RING FOR:
Session 1: <u>Ju</u> Option 1:	<u>une 3 – June 28, 2024</u> Monday & Wednesday, 10:00 am – 11:00 am	Resident \$100	Non-Resident \$110
Option 2:	Tuesday and Thursday, 5:30 pm – 6:30 pm	Resident \$100	
Session 2: <u>Ju</u> Option 1: Option 2:	uly 15 – August 9, 2024 Monday & Wednesday, 10:00 am – 11:00 am Tuesday and Thursday, 5:30 pm – 6:30 pm	Resident \$100 Resident \$100	
LESSONS program Greensburg and its illnesses sustained be a participant in a Gr	RELEASE OF LI The third the undersigned parent or guardian of the child who is an an administered by the City of Greensburg Parks and Recreat Parks and Recreation Department, and those acting for it, frow said child while said child is participating in any phase of the ensburg Recreation program, I will abide by the Greensburg Recreation program, I will abide by the Greensburgtice, games, camps and sponsored activities of the program PLEASE PRINT NATIONAL CONTROL OF THE PRINT NATI	applicant herein and who ion Department, hereby rom any and all liability with the JR. GOLF GROUP rg Parks and Recreation as well as conduct on all	elease, absolve and hold harmless the City of hatsoever for any and all injuries and LESSONS program. As a parent/guardian of Code of Conduct at all times. This includes
PARENT/GUARDIAN SIGNATURE		DATE	
FOR OFFICE U	SE ONLY		
RESIDENT \$100 NONRESIDENT \$110			
	ATION FEE \$10		
TOTAL DUE: _			