



2012 Cleveland Metroparks Junior Golf Clinics

\$20

Clinics are designed for beginner and intermediate players, ages 6 to 17. The clinics cover fundamentals on full swing, pitching, chipping, putting and rules and etiquette. Clinics are approximately 70 minutes. Age guidelines are recommendations, but not mandatory, to assist with transportation or sibling situations. The clinics may be more technical for older players. Equipment will be available to use, as needed. Tennis or sports shoes are appropriate. Graduates receive Cleveland Metroparks award.

Shawnee Hills Golf Course

Bedford Reservation
18753 Egbert Road
Bedford, OH 44146
440-232-7184

Sleepy Golf Course

Brecksville Reservation
9445 Brecksville Road
Brecksville, OH 44141
440-526-4285

Manakiki Golf Course

North Chagrin Reservation
35501 Eddy Road
Willoughby Hills, OH 44094
440-942-2500

Tuesday - Thursday, June 12-14

Tuesday - Thursday, June 19-21

Tuesday - Thursday, June 26-28

9 a.m. 10:30 a.m.
Ages 6 - 9 Ages 10 - 17

9 a.m. 10:30 a.m.
Ages 6 - 9 Ages 10 - 17

9 a.m. 10:30 a.m.
Ages 6 & 9 Ages 10 - 17

Deadline to register is one week prior to event. Space is limited.
Refunds only granted for cancellations made 48 hours or more prior to the start of the first class.

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Shawnee Hills Golf Course

9 a.m. 10:30 a.m.

Sleepy Golf Course

9 a.m. 10:30 a.m.

Manakiki Golf Course

9 a.m. 10:30 a.m.

Name (s) - within same family Age Boy (B) or girl (G) Telephone

1. _____
2. _____
3. _____
4. _____

My child/children listed above has/have my permission to participate in Cleveland Metroparks Junior Golf Clinic. I agree (for and on behalf of myself and each child/ward) to and do hereby waive any and all claims against, and agree to fully release and hold harmless and agree to indemnify, Cleveland Metroparks, its officers, agents, representatives, and employees, and any and all persons leading, guiding, instructing, or assisting in such program of and from any and all claims resulting from injury, including loss of life, property damage, or losses of any other description which I (or any child/ward) may sustain arising out of or in any way associated with my or any child/ward's participating in such program. The custodial parent must sign. If the minor(s) lives with both parents, both parents must sign.

Parent	Date	Parent	Date
Date _____	Amount paid \$ _____	Employee initial _____	
Please charge this entry fee to this credit card - M/C, Visa or Discover:		CW2 Security # _____	
Card # _____ - _____ - _____ - _____		Expiration date _____	
Name on credit card (print) _____		Signature _____	

TURN IN BOTTOM PORTION WITH PAYMENT TO GOLF COURSE
SKU Shawnee Hills DAGJR-2, Sleepy Hollow DAGJR-3, Manakiki DAGJR-4