




Ogden Community Services Department's



Youth Golf Lessons Summer 2010

Will you be the next Master's champion? Beginners Golf Lessons are designed to help teach youth the game of golf, including all the basics to help them get started. Tuesday and Wednesday classes will be held behind Ogden high school. On Friday, golfers will be bussed to Honey Creek Golf Course to practice on the driving range and putting green! Practice balls are provided, but participants must bring their own youth-sized golf clubs for this class. **Maximum of 10 per session. Sign up for a max of two sessions per person.**

Who:	Youth Ages 7-14	
When:	Tuesday, Wednesday, and Friday See below for session dates	
Time:	9:30-11:30 am	
Where:	Behind Ogden High School	
Cost:	\$25 per session	
Deadline:	Friday, June 11, or until session is full (Max 10 kids per class)	

Please make checks payable to the City of Ogden, CSD.

Drop off form and fee at Ogden Middle School or Howe Elementary, or drop off or mail to:
Leonard Good Community Center, 114 SW 8th St., Ogden, IA 50212

For questions or comments, please contact Matt at the Leonard Good Community Center.
275-4800 or email LGCCogden@netins.net.

Youth Golf Lessons 2010

Participant's Name _____

Parent/Guardian: _____

Address: _____

Participant's Age: _____

Phone: (H) _____ (W) _____

Emergency Contact Person: _____ Phone: _____

Which session(s) will you be attending? (please "x" the appropriate boxes)	
<input type="checkbox"/>	Session I (June 15, 16, 18)
<input type="checkbox"/>	Session II (June 22, 23, 25)
<input type="checkbox"/>	Session III (July 13, 14, 16)
<input type="checkbox"/>	Session IV (July 20, 21, 23)
Two Session Max per child	

I, the parent/guardian of the above player hereby give my permission to participate in Ogden Community Services Department Youth Golf Lessons.

I know that participation in Youth Golf Lessons may result in some type of injury, and I do hereby waive, release and agree not to hold the organizers, sponsors, supervisors, and any volunteers liable for any injuries that may occur during this activity.

Signature: _____ Date: _____

Parent's email address: _____

Please check box if you would like to receive program information in your email

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