

# Adult Golf Clinic Registration Card

Participant Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
 Street Address \_\_\_\_\_  
 City \_\_\_\_\_ Zip \_\_\_\_\_  
 Home (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Daytime (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 E-Mail Address \_\_\_\_\_

## **2008 Short Game Schools - \$90 ea.**

(Min. 3 Max. 6 Students)

4:00-7:00 p.m.	<u>Class #</u> (√)	4:00-7:00 p.m.	<u>Class #</u> (√)
April 18	19550-1 <input type="checkbox"/>	June 5	19550-5 <input type="checkbox"/>
April 30	19550-2 <input type="checkbox"/>	June 18	19550-6 <input type="checkbox"/>
May 6	19550-3 <input type="checkbox"/>	July 11	19550-7 <input type="checkbox"/>
May 30	19550-4 <input type="checkbox"/>	July 30	19550-8 <input type="checkbox"/>

## **2008 "Women's Only" Beginning Golf - \$110 ea.**

(Min. 4 Max. 8 Students)

5:30-6:30 p.m.	<u>Class #</u> (√)	5:30-6:30 p.m.	<u>Class #</u> (√)
April 1, 3, 8, 10	19515-1 <input type="checkbox"/>	June 10, 11, 17, 19	19515-4 <input type="checkbox"/>
April 15, 17, 22, 23	19515-2 <input type="checkbox"/>	July 8, 9, 15, 17	19515-5 <input type="checkbox"/>
May 13, 15, 20, 22	19515-3 <input type="checkbox"/>	August 5, 7, 12, 14	19515-6 <input type="checkbox"/>

## **2008 "Adult Intro" Clinics - \$110 ea.**

(Min. 4 Max. 8 Students)

5:30-6:30 p.m.	<u>Class #</u> (√)
April 2, 4, 9, 11	19510-1 <input type="checkbox"/>
May 7, 9, 14, 16	19510-2 <input type="checkbox"/>

## **2008 Full Day Golf Schools - \$325 ea.**

(Min. 3 Max. 4 Students)

8:00 a.m.-5:00 p.m.	<u>Class #</u> (√)	<u>Class #</u> (√)
March 21	19560-1 <input type="checkbox"/>	May 23
April 4	19560-2 <input type="checkbox"/>	June 21
April 11	19560-3 <input type="checkbox"/>	July 9
April 25	19560-4 <input type="checkbox"/>	July 16
May 9	19560-5 <input type="checkbox"/>	August 1
		19560-10 <input type="checkbox"/>

## **2008 Family Golf Clinics - \$40 ea.**

(Min. 8 Max. 16 Students)

(To register, please call (303) 384-8100)

9:00-11:00 a.m.	<u>Class #</u> (√)
June 7	25595-1 <input type="checkbox"/>
July 19	25595-2 <input type="checkbox"/>
August 2	25595-3 <input type="checkbox"/>

**Liability Waiver:** By completing this registration I do hereby agree to allow the individual(s) named herein to participate in the aforementioned activity(s). Further, my family and I agree to indemnify and hold Golden Parks and Recreation Department harmless from and against any and all liability for any injury, including death, which may be suffered by the aforementioned individual(s), arising out of or in any way connected with his/her participating in this/these activity(s).

**Visa/MC/AMEX/Discover or Make Check Payable To: City of Golden**

Credit Card # \_\_\_\_\_ Exp. \_\_\_\_\_  
 Cardholder Name \_\_\_\_\_  
 Signature \_\_\_\_\_