



# 2017 Five Ponds Pee-Wee Clinics

---

Student's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Special Needs/Allergies: \_\_\_\_\_

---

***Need NEW CLUBS? Order today at a discount and have before clinic / camp starts!!***

**US Kids Golf Clubs: Order the set based on the height of the Junior Golfer**

**(Please check off set & LH or RH)**

<b><u>BOYS / GIRLS</u></b>		<b><u>Price</u></b>
Blue / Pink	____ (USKG 1st Club Putter) Right Hand Only	\$34.99
Red / Pink – 39"	____ (3-Club Stand Bag Set) RH____ LH____	\$94.99

---

**2017 Pee-Wee Schedule – Class size limited to 12 students**

**Pee-Wee Clinics      \$40 (2 Sessions) 5:45pm - 6:45pm**

**Ages 5-7      Mon. & Wed. Classes**

\_\_ Session 1 – 6/26 and 6/28

\_\_ Session 2 – 7/24 and 7/26

\_\_ Session 3 – 8/21 and 8/23

**Group Private Lessons also offered: Please call the golf Shop at 215-956-9727 for more information**

Payments may be either **CASH/CHECK** or **CREDIT CARD** for the Clinic. Make all checks payable to: **Five Ponds Golf Club**.

By my signature, I indicate that I fully understand that I shall abide by all rules and regulations of the Management.

Credit Card Info - Name (as it appears on card) \_\_\_\_\_

Visa - MC - AMEX \_\_\_\_\_

Exp: \_\_\_\_\_ Cid: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return form with payment: Mail to:**

**Attn. Daulton George  
Five Ponds Golf Club  
1225 West Street Road  
Warminster, PA 18974**

**For any questions please call us at 215-956-9727**

### **Your Release & Waiver for Junior Golf Participation**

I willingly agree and assume all responsibility for the participant named above in any and all activities at Five Ponds Golf Club, spirit Golf Management and its agents and employees for any and all injury, disability, or loss or damage to person or Property to the fullest extent of the law. I knowingly and freely assume all risks both known and unknown, even if arising from negligence or other participants and employees. I also assume full responsibility for all medical costs, Attorney's fees, and all other damages from injury to the above name participant. By signing below, I acknowledge that I have read understand, and agree to the above release and waiver regarding participation in any and all junior golf activities at Five Ponds Golf Club.

**Print Name:** \_\_\_\_\_

**Parent / Guardian Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_