



# Mentel Memorial Junior 5 Day Golf Camp

July 13<sup>th</sup> – 17<sup>th</sup>, 2015

Mon-Thu: 9:00a.m. – 12:00p.m.

Fri: 8:00a.m. – 12:00p.m.

Ages 7-17

Monday-Thursday: Instruction & Lunch

Friday: 9 Holes of Golf, Lunch & Prizes

**\$ 175.00**

**\$ 165.00 for Columbus Junior Golf Pass Holders**

Junior \_\_\_\_\_

Age \_\_\_\_\_ RH \_\_\_\_\_ or LH \_\_\_\_\_

Address \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Has golf clubs: Yes \_\_\_\_\_ No \_\_\_\_\_

Home Phone \_\_\_\_\_

If applicable Golf Pass # \_\_\_\_\_

Height \_\_\_\_\_ Shoe Size \_\_\_\_\_ Hand Size (measure from wrist to end of middle finger) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**Limited to 30 Juniors (10 per instructor)**

Emergency Contact Information: Name \_\_\_\_\_ Phone \_\_\_\_\_

**Please Make Checks Payable To: Greg Poston**

Mail to: Mentel Memorial Golf Course  
6005 Alkire Rd.  
Galloway, Ohio 43119  
Phone: (614) 645-3050

**Deadline: May 25, 2015**

## **Emergency Information and Waiver Form**

Junior's Name \_\_\_\_\_

Parent Name \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_

Parent Name \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone \_\_\_\_\_

I understand that by signing this waiver, I certify that all the above information is correct and that the person is physically fit to compete in golf. Also by signing, I do hereby, for myself, executors, administrators and person, waive release and forever discharge any and all rights and claims for damages which may occur or which may hereafter occur to the person against the Columbus Recreation and Parks Department, The Greg Poston Golf Shop, volunteers, respective officers of the City of Columbus or The Greg Poston Golf Shop and/or assign for any and all damages which may be attained by the athlete listed above.

\_\_\_\_\_  
Parent or Guardian Signature