



# Mentel Memorial Junior Sundays In May

4 Sundays in May from 2:30 to 4:30

Instruction Covers: Etiquette & Rules, Chipping, Putting, Driving & Iron Shots

This program is a progressive clinic to provide juniors with the basic fundamentals of the game and the knowledge to get them prepared for on course play

**\$ 75.00 for Four Weeks of Instruction**  
**May 3, May 10, May 24, & May 31**  
**Registration Deadline April 24, 2015**

---

Junior \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Height \_\_\_\_\_  
E-Mail Address \_\_\_\_\_

Age \_\_\_\_\_ RH \_\_\_\_\_ or LH \_\_\_\_\_  
Male \_\_\_\_\_ Female \_\_\_\_\_  
Has golf clubs: Yes \_\_\_\_\_ No \_\_\_\_\_  
Height \_\_\_\_\_  
Ages 7-17

**Limit 10 juniors**

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

---

## Emergency Information and Waiver Form

Junior's Name \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_

Parent Name \_\_\_\_\_  
Cell Phone \_\_\_\_\_  
Parent Name \_\_\_\_\_  
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