



FOR YOUTH DEVELOPMENT®
FOR HEALTHY LIVING
FOR SOCIAL RESPONSIBILITY

YMCA GOLF CLINIC

Summer 2018

Golf Clinic lessons are designed to teach golf skills. You will learn golf rules, proper club grip, swing techniques, how to keep score, caring for the course, etc. In addition to learning the basics, you will be guided onto the golf course to put your skills into action in a casual and friendly atmosphere. Players will also receive two 9-hole rounds of golf at Jim Ager Golf Course for FREE!

- Ages 5-13
- 4 week session
- Lessons are taught by PGA professionals
- Jim Ager Golf Course, 3761 Normal Blvd.
- Limited to 20 players per hour



Two sessions are available. Each session will consist of a one-hour lesson once a week for four weeks.

Session 1

Begins week of June 4
Registration Deadline May 21

Monday 5:30-6:30pm
Tuesday 4:30-5:30pm
Tuesday 6:00-7:00pm
Saturday 9:00-10:00am
Saturday 10:30-11:30am

Session 2

Begins week of July 9
Registration Deadline June 25

Monday 5:30-6:30pm
Tuesday 4:30-5:30pm
Tuesday 6:00-7:00pm
Thursday 9:00-10:00am

YMCA Youth Sports Office
Monday-Friday 402.434.9217
8:00am-5:00pm ymcalincoln.org

Register online at ymcalincoln.org

YMCA GOLF CLINIC Summer 2018

Mail this form to: YMCA Youth Sports, 570 Fallbrook Blvd. Suite 210, Lincoln, NE 68521
Online registration is also available at ymcalincoln.org

Session 1

Begins week of June 4
Limit of 20 kids per hour
Registration Deadline May 21

Monday 5:30-6:30pm \$65____
Tuesday 4:30-5:30pm \$65____
Tuesday 6:00-7:00pm \$65____
Saturday 9:00-10:00am \$65____
Saturday 10:30-11:30am \$65____

Session 2

Begins week of July 9
Limit of 20 kids per hour
Registration Deadline June 25

Monday 5:30-6:30pm \$65____
Tuesday 4:30-5:30pm \$65____
Tuesday 6:00-7:00pm \$65____
Thursday 9:00-10:00am \$65____

Shirt size

Youth Small _____
Youth Medium _____
Youth Large _____
Adult Small _____
Adult Medium _____
Adult Large _____

Player Last Name MI First Name Gender Birthday M/D/YR School Grade (2018/2019)

Father Last Name First Name Birthday M/D/YR

Mother Last Name First Name Birthday M/D/YR

Address City State Zip Code Primary Phone Secondary Phone

Primary Email Address

Secondary Email Address

____ Registration Fee
____ \$10.00 deduction can be taken if a Lincoln YMCA Family Member
____ Donation to YMCA Families in Need (Optional)
\$ Total Paid

Payment: Cash _____ Check _____ MC _____ VISA _____ DISC _____

Card Number _____ Exp. Date _____

Card Holder's Signature _____