YOUTH GOLF CLINICS

The clinics will include one hour of instruction including competitive games and course play. The clinics will be taught by Golf Pro, David Hall in a fun, positive way.
For ages 7 - 17
Mondays & Wednesdays
July 19, 21, 26, 28, 2010
6-7 p.m.
Thompson Raceway Golf Course

	Register by July 12	Received after July 12
Thompson residents	**$75**	**$79**
Non-residents	**$79**	**$84**

Note: Financial Assistance is available to Thompson residents for this program. For guidelines and an application, visit our website or stop by the Recreation office. The Financial Assistance Application must be sent in with this form.

Pre-registration is required. Complete the form below and enclose your check made payable to Thompson Recreation. Stop by Town Hall with your registration or mail to TRC, P.O. Box 899, No. Grosvenordale, CT 06255. Additional forms available at www.thompsonrec.org
Questions? Call 923-9440.
Golf Clinics are sponsored by Thompson Recreation Commission
in conjunction with the Thompson Raceway Golf Course.

Please keep upper portion for your records

666Thompson Recreation

Youth Golf Clinic Registration Form – July 19, 21, 26, 28, 2010

(Please print and list only one child per form)

Partipipant Name_____ Age_____ Grade (09-10)_____

Mailing Address_____Town _____State_____Zip_____

Parent Name_____ Home #_____

Parent Cell _____ Parent E-mail _____

Other Emergency contact_____ and their phone # _____

Does your child have any medical needs/conditions that the staff should be aware of? _____If Yes, please explain_____

I, the undersigned, hereby release any and all claims I may have against the Thompson Recreation Commission, its directors, agents, and employees and other officials as a result of my child's participation in this program. Photographs of my child can be used for program promotion. **Also, I give permission for my child to receive emergency medical care, if I am unavailable.** I understand space is limited and will be made available on a first-come, first-serve basis until the class is full. I understand there are no refunds for missed classes. I understand there is a $25 fee for checks returned to TRC by the bank.

My child may be picked up after golf by: _____
(Please be prepared to show photo identification at time of pick-up.)

I have enclosed payment of $ _____ cash _____ Check # _____ or

I am applying for financial assistance (all Financial Assistance paperwork must be sent in with this form.) _____

Parent or Guardian Signature_____Date_____