



Desired League: Fall Session: 5 Weeks starting week of Nov 16<sup>th</sup> \$60 each person  
 Winter Session: 10 Weeks starting week of Jan 11<sup>th</sup> \$120 each person  
**For Winter Session, circle desired league category: Open Ladies Juniors Seniors (62+)**

Desired Weekly Time Slot: 10am-7pm Weekday Starts Only: (ex, Tuesdays at 5pm)\_\_\_\_\_

Participant's Name: \_\_\_\_\_

Partner's Name: \_\_\_\_\_ Team Name : \_\_\_\_\_

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

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

Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Form must be submitted to Pro Shop with payment to reserve your spot-Thank you! TOTAL \_\_\_\_\_**

Release of Liability for All Participants: I waive all rights and release all claims that might be had against Baehmann's Golf Center, for any and all injuries which may be suffered because of my, or if signing for a child, my child's participation, in the above programs offered by Baehmann's Golf Center. I will compensate Baehmann's Golf Center for any damage I may cause to the simulator or facility. If I wish for me or my child to not be included in any photos taken for promotional purposes I must notify the photographer or Baehmann's Golf Center. To the best of my knowledge, I, or my child (if signing for a child), have/has no physical or other conditions which would interfere with program participation.

Participant or Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_

1122 Washington Ave., Cedarburg, WI 53012 – (262)377-0768 – [www.golfcedarburg.com](http://www.golfcedarburg.com) – [info@golfcedarburg.com](mailto:info@golfcedarburg.com)

Office Use Only Received by: _____ Received date: _____ Payment method: _____
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