



When: Week of Jan 12th – Week of March 16th **\$100 each person**

Desired Weekly Time Slot, Weekdays 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 – golfcedarburg@hotmail.com

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