Baehmann's Golf Center-2014 Signup Form

Participant's Name:_____ Age (if junior)_____

Parent Name(If Applicable):_____

Address:_____

City:_____ State:_____ Zip:_____

Cell Phone:_____ Email:_____

Please list any allergies, disabilities, etc:_____

Program		Time *(circle one)*	Price
Jr Golf Camp	Session 1	Th@5p Th@6:30p Fr@10a Fr@11:30a	$75
	Session 2	Th@5p Th@6:30p Fr@10a Fr@11:30a	$75
Beginner Group Lesson	Session 1	Wednesdays May 14-June 4 @ 5:45pm	$75
	Session 2	Wednesdays June 18-July 16 @ 5:30pm	$75
	Session 3	Wednesdays July 30-Aug 20 @ 5:15pm	$75
Not-So-Good Golfer League	Session 1	Wednesdays May 14-June 11 @ 7:00pm	$40
	Session 2	Wednesdays June 18-July 23 @ 6:45pm	$40
	Session 3	Wednesdays July 30-Aug 27 @ 6:30pm	$40
"Grab a Partner" League		17 Weeks: May 19-Sept 15	$100
Mini Putt Challenge		Saturdays 11am-12:30pm, June 21-Aug 16	$45
Junior League		8 Fridays @ 1:00pm starting June 27 (skip July 4 week)	$60
Learn Golf as a Family		Saturdays 1pm-3pm, June 14-Aug 16 (skip July 4 week)	$15 pp
		Desired Saturday(s):_____	
2-Person Best Ball Tourney		June 14th at 11am or August 30th at 2pm	$10
Clinic #1: Full Swing		May 10th, 11am-Noon	$10
Clinic #2: Pitching & Chipping		May 24th, 11am-Noon	$10
Clinic #3: Putting		June 7th, 11am-Noon	$10
Club Analysis w/ Driver Fitting	Session 1	May 17th, 11am-1pm	$20
Free w/ club purchase	Session 2	May 31st, 11am-1pm	$20

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 Dan Gogin and 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 Dan Gogin or Baehmann's Golf Center. 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: Cash   CC   Check#_____ to_____