



2019 Junior Golf Program

Clinic instructed by Crossgates GC Director of Golf, Jason Przystup

Tuesdays, June 11th – July 30th, 2019

(No Clinic on July 2nd)

Cost: \$150.00 Time: 9:30 – 10:30am Group Clinic

Junior golfers will play 9 holes after the clinic

Ages 10-17 yrs. Old (As of 6/11/19)

Skill Level: Intermediate to Advanced

Pick Up Time: Approximately 1:00-2:00pm

This program includes a one hour group clinic, followed by junior play. The clinic will begin at 9:30am sharp. After the clinic the junior golfers will be able to play 9 holes with friends or other junior golfers in the program.

Junior golfers must have experience on a golf course to participate in the playing portion of the program.

Play will be monitored by staff members but they will not have an adult with them at all times. This program is structured to improve the basic fundamentals of the game and the rules of golf with an opportunity to put the skills into action by playing on the course. Golfers may bring their own lunch/snack or have the opportunity to purchase food and beverage before and after play on the course.

Please be aware that any day that is cancelled due to inclement weather, will NOT be made up.

Crossgates Junior Golf Program Application

Clinic limited to the first 50 junior golfers to remit payment and application.

Junior Golfers Name: _____ D.O.B. _____ Age: _____

Address: _____ Phone # _____

City, State, Zip: _____

E-Mail Address: _____

Skill Level: Intermediate Advanced Allergies/Medical Conditions: _____

Has your child participated in the Crossgates Junior Golf Program in the past? YES NO

I agree that my child will abide by the rules and regulations, as listed by Crossgates Golf Course. If my child does not abide by these rules, he/she risks removal from the program/facility. I will not hold Crossgates Golf Course and/or instructors liable for any injury to my child while at the golf course. I also will not hold Crossgates GC and/or instructors responsible for damage or loss of property while at Crossgates Golf Course.

Signature of Parent/Guardian: _____ Date: _____

Printed Name: _____

Included is my Junior Golf Program check or cash payment of \$150.00 made payable to Jason Przystup.

Please drop off or mail payment to Jason Przystup, Crossgates Golf Course, 1 Crossland Pass, Millersville, PA 17551 by 6/11/19