**2019 Girls’ Club – ages 6 to 12**

**GENERAL INFORMATION:**

This community based developmental program runs in conjunction with our GBC Junior League. Designed for girls 6 to 12 years of age, participants will develop the skills, attitudes and positive image to encourage both self-esteem and a lifelong love for the game of golf. Female volunteers aged 14 and up are welcome.

**GIRLS’ CLUB FEES:**

* $13.27 (per drop in) + HST (maximum of 12 participants permitted).

Additional private coaching sessions are available to Girls’ Club members at 40% off regular coaching rates.

**REGISTRATION & SCHEDULE 2019:**

May be made in person at the Golf Shop, by email at [sbell@georgianbayclub.com](mailto:sbell@georgianbayclub.com), or by fax at 519.599.9969.

All programs run from **11:00 AM to 12:30 PM.**

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| **PROGRAM DATES & LOCATION** | | | |
| □ Sunday, May 5th | Tomahawk Golf Course | □ Sunday, May 12th | Tomahawk Golf Course |
| □ Sunday, May 19th | Tomahawk Golf Course | □ Sunday, May 26th | Tomahawk Golf Course |
|  |  |  |  |
| □ Sunday, June 2nd | Tomahawk Golf Course | □ Sunday, June 9th | Tomahawk Golf Course |
| □ Sunday, June 16th | Tomahawk Golf Course | □ Sunday, June 23rd | Tomahawk Golf Course |
| □ Sunday, June 30th | Tomahawk Golf Course |  |  |
|  |  |  |  |
| □ Sunday, July 7th | Tomahawk Golf Course | □ Sunday, July 14th | Tomahawk Golf Course |
| □ Sunday, July 21st | Tomahawk Golf Course | □ Sunday, July 28th | Tomahawk Golf Course |
|  |  |  |  |
| □ Sunday, August 4th | Tomahawk Golf Course | □ Sunday, August 11th | Tomahawk Golf Course |
| □ Sunday, August 18th | Tomahawk Golf Course | □ Sunday, August 25th | Tomahawk Golf Course |
|  |  |  |  |
| □ Sunday, September 1st | Tomahawk Golf Course | □ Sunday, September 8th | Tomahawk Golf Course |
| □ Sunday, September 15th | Tomahawk Golf Course | □ Sunday, September 22nd | Tomahawk Golf Course |
| □ Sunday, September 29th | Tomahawk Golf Course |  |  |
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| **PLEASE NOTE: LOCATIONS ARE SUBJECT TO CHANGE AND it is the participant’s responsibility to coordinate transportation to AND from all Facilities** | | | |

Full Name: Date of birth (dd/mm/yy):

Medical Conditions/Allergies:

Parent/Guardian: Contact Number:

Email Address for Parent/Guardian:

Payment Information (please circle): □ Visa □ Amex □ MasterCard □ Member Account #

Name of Credit Card Holder:

Number: Exp (mm/yy): Amount: $

Signature: Date (dd/mm/yy):

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