



# 2022 Developing Competitor Team – ages 11 to 18

## GENERAL INFORMATION:

This program is by invitation only and requires an Application Process. Ideal for Advanced Level golfers wishing to pursue the game at the elite and/or collegiate level.

## APPLICATION REQUIREMENTS:

- A strong desire to compete and improve personal ability.
- Mature demeanour with integrity and respect.
- Play in individual competitive golf tournaments at the High School Level (if applicable) and/or organized by Golf Canada and Golf Ontario (or the like).
- Possess a good understanding of the rules of golf.
- Provide a 250-400 word essay outlining 2022 goals to Coach Scott Bell.
- Provide a copy of most recent school grades/report card to Coach Scott Bell.

## ITINERARY:

- |   |                          |
|---|--------------------------|
| • Outcomes Defined and Warm Up                  | <b>1:00 PM – 1:15 PM</b> |
| • Rotating Training Stations/On Course Training | <b>1:15 PM – 5:45 PM</b> |
| • Review, Cool-Down and Wrap Up                 | <b>5:45 PM – 6:00 PM</b> |

## INCLUSIONS:

- Golf Season - Minimum 9-holes on course with Coach every week.
- Off Season – 1 indoor golf instruction sessions per week.
- Unlimited coaching off the course. **It is the junior athlete's (not parent or guardian) responsibility to schedule these sessions with Coach.** Coaching may include, but is not limited to: self management, growing the capacity to be present on the course, learning how to handle interference, skill acquisition and technique, increasing the level of enjoyment while playing competitively, etiquette, and a better understanding of how to use the rules of golf to your advantage in tournaments.
- Team Uniforms, Golf Bags and Junior Inter-Club Matches.

## DEVELOPING COMPETITOR TEAM FEES:

- \$2,500.00 (per year) + HST

## REGISTRATION & APPLICATION PROCESS 2022:

Please email application requirements to [sbell@georgianbayclub.com](mailto:sbell@georgianbayclub.com). **The maximum number for this team is 8.**

**PLEASE NOTE: IF YOUR APPLICATION IS ACCEPTED, ALL FEES WILL BE PROCESSED AT ONCE. CANCELLATION REFUNDS WILL ONLY BE ISSUED IF THE VACANT SPOT IS FILLED.**

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

Medical Conditions/Allergies: \_\_\_\_\_ Gender (circle): Male Female

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): \_\_\_\_\_