



2025 Monday Junior Clinic – ages 7 to 12



GENERAL INFORMATION:

This program offers a learning opportunity that is specific to each young athlete. Whether a young athlete wants to develop their game to the highest level or is just starting their golfing journey, it is important that they all have the following: a golf environment to make friends and have fun, an opportunity to learn about their game (including technique, tactics and mental aptitude on the golf course) and a relationship with a Coach who will support them along their way. This program offers this!

ITINERARY:

- Outcomes Defined and Warm Up 4:00 PM – 4:05 PM
- Rotating Training Stations 4:05 PM – 4:55 PM
- Review, Cool-Down and Wrap Up 4:55 PM – 5:00 PM

MONDAY JUNIOR CLINIC FEES:

- \$200.00 (per month billed on the 1st of each month) + HST
- \$50.00 (per session as a drop in option up to twice per season) + HST

REGISTRATION & SCHEDULE 2025 (check all applicable months or sessions):

Register by email to academy@georgianbayclub.com. The maximum number of participants is 8 per session.

PROGRAM DATES & LOCATION (check all applicable dates)

- | | | | | |
|---|--|--|--|---|
| <input type="checkbox"/> May 5 th | <input type="checkbox"/> June 2 nd | <input type="checkbox"/> July 7 th | <input type="checkbox"/> August 4 th | <input type="checkbox"/> September 1 st |
| <input type="checkbox"/> May 12 th | <input type="checkbox"/> June 9 th | <input type="checkbox"/> July 14 th | <input type="checkbox"/> August 11 th | <input type="checkbox"/> September 8 th |
| <input type="checkbox"/> May 19 th | <input type="checkbox"/> June 16 th | <input type="checkbox"/> July 21 st | <input type="checkbox"/> August 18 th | <input type="checkbox"/> September 15 th |
| <input type="checkbox"/> May 26 th | <input type="checkbox"/> June 23 rd | <input type="checkbox"/> July 28 th | <input type="checkbox"/> August 25 th | <input type="checkbox"/> September 22 nd |

All Monday Junior Clinics at Academy at The Georgian Bay Club

PLEASE NOTE: ONCE YOUR REGISTRATION FORM IS RECEIVED, A CONFIRMATION EMAIL WILL BE SENT WITHIN 48 HOURS AND ALL REGISTRATION FEES PROCESSED. 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): _____